

# Statewide Paediatric Pathology Service - Feasibility Project

## CONSULTATION REPORT

FEBRUARY 2023



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# ABOUT THE PROJECT

**A JOINT PROJECT BETWEEN SYDNEY CHILDREN'S HOSPITALS NETWORK & NSW HEALTH PATHOLOGY TO EXPLORE THE FEASIBILITY OF A STATEWIDE PAEDIATRIC PATHOLOGY SERVICE**



## **RATIONALE**

- Commitment to delivering the highest quality, most efficient & reliable public paediatric pathology services across NSW
- Build on existing collaborative efforts & relationships e.g. CHWP involvement in NSWHP clinical streams
- Respond to emerging technologies & the adoption of statewide systems to standardise service delivery
- Respond to changing healthcare needs & demand for paediatric pathology services & diagnostic testing

## **AIMS**

### *Enhance services*

- Enhance the delivery of paediatric pathology services for children, young people & their families regardless of where they are in NSW

### *Leverage our paediatric capability*

- Make best use of our highly skilled staff, modern diagnostic technologies & support services

### *Fit for purpose service delivery*

- Meet evolving patient, stakeholder & community needs & expectations

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# THE CONSULTATION PROCESS



## ENGAGING WITH OUR STAFF AND STAKEHOLDERS

During September & October 2022, the Sydney Children's Hospitals Network (SCHN) & NSW Health Pathology (NSWHP) led an extensive consultation process with staff & key stakeholders to seek feedback on how we can enhance & improve paediatric pathology services. More than 500 people participated & provided input, including staff, families, referring clinicians & other stakeholders from across NSW.

Following these consultation sessions & theming of what we heard, staff & stakeholders were then asked to assist with prioritisation & further consider the key themes for the project during November & December 2022.



# OUR FINDINGS

A summary of the initial consultation feedback was developed (**Appendix A**) to assist with identifying areas that are working well & opportunities for improvement.

What came through strongly was support for providing a dynamic child-centred paediatric pathology service, where patient outcomes drive the priorities, to ensure timely diagnosis & appropriate clinical care for NSW children & young people.

Other themes included the importance of:

- Paediatric pathology expertise - recognition of the highly specialised services we provide & how this can be best supported into the future
- Providing integrated child & family centre care - care closer to home where we can & better access for collections, considering access for rural & regional children that require access to paediatric pathology
- Building a sustainable paediatric pathology workforce for the future, with a focus on succession planning, support for training & development.
- Improving opportunities for research, research collaboration & data analytics
- Technology to standardise & enhance service delivery

# AREAS FOR IMPROVEMENT

Staff & stakeholders reported that improvements could be made to enhance service delivery as follows:

- Improving equity of access to paediatric pathology services across the state
- Ensuring service delivery is integrated based on the needs of the child or young person, rather than their geographic location & proximity to specialist services
- Improving access to, & coordination of, specialist paediatric pathology expertise, advice & support
- Increasing the availability & amenity of child & family centred collection services
- Streamlining processes for research collaboration
- Improved ordering & reporting and access to results
- Enhancing Turnaround Times (TATs) for all children & young people requiring pathology services
- Improving governance structures to simplify service delivery while still promoting the value of paediatric pathology
- Streamlining systems & processes including referral & escalation pathways, manual processing & wastage
- Harmonising reference ranges across the state
- Exploring opportunities for digital pathology
- Increasing the availability of specialised paediatric pathology training including training for collections staff
- Enhancing statewide paediatric pathology capability



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# SERVICE GAPS

Staff and stakeholders also identified a range of service gaps & recommended they be addressed or enhanced in any future paediatric pathology service model(s):

- Providing integrated & coordinated service delivery across the state
- Enhancing services to improve the patient experience
- Opportunities for specialised paediatric pathology education & training opportunities
- Ensuring that there is a sustainable specialised future workforce
- Embedding data analytics in every day practice
- Statewide processes for assessing new technology
- Greater investment in genetic pathology
- Enhancing bioinformatic services for genomic testing
- Enhancing capacity for translational diagnostics
- Building greater capacity for tailored personalised medicine
- Accommodating specialised or niche tests that will be developed in the future



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# OUTCOMES



Feedback also identified the outcomes & experiences important for our patients, families, staff & stakeholders. These included:

- Child & family focused care including equitable access regardless of location
- A highly skilled & sufficiently resourced paediatric pathology workforce
- Better pathways for referral & access to expertise and support for result interpretation
- Improved systems & processes to support electronic referrals & fast, accurate & timely results
- Coordinated approach to research (translational), new technology & service improvements
- Technology enabled service delivery e.g. increased use of POCT, digital pathology, improved referrals & management of specimens & sendaways

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# PRIORITISATION OF KEY THEMES

Building on the initial staff & stakeholder feedback, further consultation was undertaken to prioritise the areas that matter most to staff & help develop & refine focus areas and priorities.

A consultation summary & survey were sent to staff & stakeholders including participating LHDs, NSW Paediatrics Group, Unions & Medical Staff Councils.

More than 115 staff responded to the survey or attended a joint consultation session (open to all staff) to validate the themes & identify the key priorities.

Eight (8) priority areas were identified through this process (see below). Further detail & analysis is outlined at **Appendix B**.









# PRIORITY AREAS

Short (within 12 months), medium (1-3 years) and longer (3-5 years) term priorities for each of the priority areas have been identified from staff and stakeholder feedback.


## Workforce

 SHORT (12 MONTHS)	MEDIUM (1-3 YEARS)	LONG (3-5 YEARS)
 <p>Gather workforce data &amp; analyse to consider where there are gaps &amp; opportunities for future enhancement e.g. training pathways – scientific trainees, junior medical workforce</p>	<p>Develop sustainable workforce models to support service needs – training &amp; development, succession planning &amp; career pathways</p> <p>Work with education providers to ensure paediatric pathology is an area of specialisation</p>	<p>Ensure a workforce with sustainable paediatric pathology expertise</p>
 <p>Undertake an audit of staff paediatric pathology skills</p>	<p>Invest in staff with specialised paediatric pathology expertise.</p> <p>Consider paediatric pathology scope of practice / designation</p>	



## Collections

 SHORT (12 MONTHS)	MEDIUM (1-3 YEARS)	LONG (3-5 YEARS)
 <p>Undertake a statewide review of the location, amenity &amp; accessibility (e.g. operating hours, specialist services (sedation), staffing, training &amp; other requirements for paediatric collection services *</p>	<p>Based on findings &amp; approvals, progress the recommendations of the review (including access to specialised services)</p> <p>Develop a train the trainer model for paediatric collections</p> <p>Expand paediatric collection expertise to public health collection facilities throughout NSW</p> <p>Consider opportunities for enhancing collections at other Local Health Districts</p>	<p>NSWHP/CHWP are the preferred provider for paediatric collections in NSW for referrers.</p> <p>Children across NSW are in close proximity to collection facilities where there are trained staff for paediatric collections with timely &amp; easy access to results</p>


# Access


	SHORT (12 MONTHS)	MEDIUM (1-3 YEARS)	LONG (3-5 YEARS)
	<p>Document what paediatric pathology services are provided where &amp; how to access specialist advice &amp; support</p> <p>Seek feedback from referrers on access gaps &amp; assess opportunities for improvement</p> <p>Enhance MDT models to share paediatric pathology expertise with clinicians</p> <p>Consider population trends &amp; future service planning &amp; emerging needs</p>	<p>Develop collaborative models to enhance access to paediatric pathology expertise – e.g. forums for complex case discussions, virtual networks for sharing information and expertise</p>	<p>Develop funding models that support equity of access to paediatric pathology services across NSW</p>

# Communication


	SHORT (12 MONTHS)	MEDIUM (1-3 YEARS)	LONG (3-5 YEARS)
	<p>Enhance awareness of public paediatric pathology services in NSW for clinicians, patients &amp; their families</p> <p>Provide clarity e.g. tools for clinical referrers about the services that are currently provided, together with awareness about how to access specialist advice &amp; support</p> <p>Improve customer service &amp; support for paediatric pathology services</p>	<p>Explore opportunities to:</p> <ul style="list-style-type: none"> <li>Engage with clinicians to enhance transition pathways &amp; the continuum of care for patients at key milestones</li> <li>Provide patient (family) access to pathology results particularly for complex cases</li> </ul>	<p>Customers are engaged &amp; feedback is embedded in service planning with a focus on quality improvement</p>
	<p>Develop opportunities for statewide collaboration/advice/support for paediatric pathology</p>	<p>Communicate referral &amp; escalation pathways</p>	


# Process



	SHORT (12 MONTHS)	MEDIUM (1-3 YEARS)	LONG (3-5 YEARS)
	<p>Explore opportunities to improve processes across the testing lifecycle e.g. automation, workflow efficiencies, areas we can further value add</p> <p>Collaborate to ensure paediatric pathology perspectives are considered in service changes/enhancements</p> <p>Statewide collaboration for equipment &amp; service tenders that impact paediatric pathology</p>	<p>Develop &amp; formalise referral and escalation pathways</p> <p>Streamline processes for the introduction of new tests to support paediatric patients</p> <p>Explore opportunities for greater use of technology to support paediatric care e.g. POCT to support streamlined paediatric collections</p>	<p>Embed a culture of continuous improvement within services that empowers staff</p>

# Research



	SHORT (12 MONTHS)	MEDIUM (1-3 YEARS)	LONG (3-5 YEARS)
	<p>Explore opportunities to encourage &amp; facilitate research within paediatric pathology services</p> <p>Showcase SCHN/NSWHP research collaboration &amp; engagement</p>	<p>Support staff to pursue research opportunities in paediatric pathology</p> <p>Identify &amp; gain an understanding of research governance requirements &amp; processes to support research collaboration</p> <p>Enhance capacity for translational diagnostics (bringing tests from the research lab into the diagnostic arena)</p>	<p>Embed research within paediatric pathology services, so that it becomes part of what we do every day</p> <p>Develop a system that supports embedding research &amp; development in services for translational diagnostics</p>

# Testing



## SHORT (12 MONTHS)

## MEDIUM (1-3 YEARS)

## LONG (3-5 YEARS)



Extend the NSWHP Test Catalogue to include all tests available at CHWP

Provide referrers access to the Test Catalogue regarding the most appropriate testing pathways for their patients together with advice about volumes in tubes, transport requirements etc

Harmonise paediatric reference ranges across NSW

Ensure that testing for paediatric patients meets service requirements.

Review the NSW Paediatric Service Capability Framework to progress inclusion of paediatric pathology services

Capacity to generate & verify paediatric reference ranges as new platforms and instruments are developed

Continuous review of testing capabilities & platforms, to inform strategic consideration of how & where we are testing

Establish partnerships to enhance access to the latest testing & technology that supports diagnostics for children & young people closer to home

# Technology



## SHORT (12 MONTHS)

## MEDIUM (1-3 YEARS)

## LONG (3-5 YEARS)



Improve integration & access to results and electronic test ordering

Ensure the paediatric perspective is considered in the implementation of the statewide LIMS

Consider standardisation of systems (where appropriate)

Maximise interoperability between systems & platforms



Incorporate paediatric perspectives in statewide processes for assessing new technology

Use data analytics to support:

- clinical decision making
- identification of emerging trends
- operational decision making
- research

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# FUTURE SERVICE MODEL OPTIONS

Building on the consultation process & the detailed feedback received from staff and stakeholders, the Feasibility Project will explore how best to give effect to the recommended service improvements & enhancements identified.

Based on the feedback during the consultation sessions, three service model options have been identified for further consideration and analysis. These models are not mutually exclusive. It is possible that through a process of exploration, reflection & enhancement, we will progressively build on current service models as the project progresses towards an ideal model.

1. **Maintain separate entities** & work together to implement service improvements utilising learnings & insights from the consultation.
2. A **collaborative statewide paediatric pathology service model** with separate services but a collaborative approach via centres of excellence linked to the specialist paediatric hospitals.
3. An **integrated statewide paediatric pathology service model** by building on Option 2 by with unified statewide paediatric pathology services to further expand access and recognition of paediatric pathology expertise.

Any changes to service models & priority areas require measured & careful analysis & will take some time to work through.



**There will be no reduction in services or changes in service configurations the short term.**

The process for this is outlined on the following pages.



## NEXT STEPS

### REFINE THE PROJECT GOVERNANCE & CREATE EFFECTIVE PROJECT & ADVISORY SUPPORT STRUCTURES

To assist with the project coordination & progressing the work of the Advisory Group, it is recommended that the project governance be refined while at the same time expanding access to expertise, advisory & project support from key areas.

The proposed model would include a streamlined Steering Committee, supported by:

- A small Project Team responsible for project delivery.
- Eight Working Groups for each of the priority areas comprising a mix of clinical, scientific and corporate expertise.
- An Advisory Group which will oversee and/or contribute to the the Priority Working Groups as required.

### ESTABLISH ADVISORY & PRIORITY WORKING GROUPS TO INFORM THE PROJECT & PROGRESS THE SHORT MEDIUM & LONGER-TERM PRIORITIES

A series of working groups for each of the eight priority areas will be established to explore the implementation of the short, medium & longer-term priorities, including responsibilities, timeframes & deliverables.

The Advisory Group will provide oversight and specialist knowledge & expertise to the Working Groups in key areas including clinical operations, clinical governance, workforce, funding, governance, technology & infrastructure requirements & implications.

The Advisory & Working Groups will also consider & make recommendations regarding areas that require investment.

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## GOVERNANCE COMMITTEE MEMBERSHIP

### Steering Committee

- Cathryn Cox PSM & Tracey McCosker PSM (Co-Chairs)
- Julie Curtin, Joanne Ging & Rob Lindeman (Clinical Leads)
- Emma Cuell & Liz Geddes (Project Leads)
- Judy Goldman & Nicole Tripney (Strategic Communications)

### Project Team

- Julie Curtin & Rob Lindeman
- Emma Cuell & Liz Geddes
- Angus McDowell

### Advisory Group

- Julie Curtin & Rob Lindeman (Co-Chairs)
- Emma Cuell, Liz Geddes & Angus McDowell
- Chief Scientist NSWHP
- A representative from each of the Priority Working Groups (8)
- Staff representatives from both SCHN & NSWHP from:
  - Clinical operations
  - Human Resources
  - Finance
  - Clinical & Corporate Governance
  - Information & Communications Technology

Figure 1: Revised Governance Model



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# ESTABLISHING THE PRIORITY WORKING GROUPS

ENSURING THE MEMBERSHIP HAS THE RIGHT MIX OF SKILLS, EXPERIENCE & STRATEGIC VISION TO ACHIEVE THE AIMS & OBJECTIVES OF THE PROJECT



Participants for the Working Groups will be identified through an Expression of Interest (EOI) process, managed by the Project Team.

EOIs will be sought for 2-3 representatives each from SCHN and NSWHP to participate in the Priority Working Groups.

Interested staff are able to identify one or more priority areas they are interested in supporting.

The Project Team will ensure that membership of the Priority Working Groups comprises a mix of clinical, scientific and corporate skills & expertise including referrers.

It will be critical to ensure that the Priority Working Groups have balanced representation, while at the same time encourage diverse & transformative views.

Each Priority Working Group will be asked to nominate a representative to participate in the Advisory Group.

Meeting frequency & other procedural matters will be determined in consultation with the Advisory & Priority Working Groups.



# PROJECT TIMELINE

TASK	START DATE	END DATE
<b>ACTIVITY 01</b> ALL STAFF UPDATE & RELEASE OF THE EOI FOR THE PRIORITY WORKING GROUPS	FEB 2023	FEB 2023
<b>ACTIVITY 02</b> ESTABLISH THE ADVISORY AND WORKING GROUPS	MAR 2023	APR 2023
<b>ACTIVITY 03</b> IMPLEMENTATION PLAN FOR SHORT TERM PRIORITIES	APR 2023	JUL 2023
<b>ACTIVITY 04</b> REPORT FOR THE STEERING COMMITTEE	AUG 2023	SEP 2023
<b>ACTIVITY 04</b> COMMUNICATIONS UPDATE ON NEXT STEPS	SEP 2023	AS REQUIRED

**Also need to consider ongoing staff & stakeholder communication as the project progresses**



# APPENDIX A- CONSULTATION FEEDBACK



## Statewide Paediatric Pathology Service – Feasibility Project Consultation Feedback

During September and October 2022, the Sydney Children's Hospitals Network (SCHN) and NSW Health Pathology (NSWHP) held consultation sessions for staff and other key stakeholders to provide feedback on how we can enhance and improve paediatric pathology services. Over 400 people participated in these sessions including staff, families, referring clinicians and other stakeholders from across NSW with over 1,700 individual comments which we have coded and themed.

This document outlines what we heard in response to the consultation questions. What came through very clearly was the value of close clinical collaborations with the pathology expertise in delivering the best outcomes for patients and clinicians. We acknowledge the importance of this and are committed to continue providing comprehensive on-site pathology services at our specialist children's hospitals.

As stated during the consultation sessions, there will be no reduction in services and we have not made any decisions about what paediatric pathology services might look like in the future. We will use the information you have shared to further consider what is working well, where there are opportunities, and how we can best provide paediatric pathology services into the future.

### High Level Themes

During the consultation sessions, high level themes included the importance of:

- Providing a dynamic child-centred paediatric pathology service, where patient outcomes drive the priorities, to ensure timely diagnosis and appropriate management for all children of NSW

- Paediatric pathology expertise – recognition of the highly specialised services we provide and how this can be best supported into the future

- Providing integrated child and family centre care – care closer to home where appropriate, better access for collections, and improved access for rural and regional children who require access to paediatric pathology

- Building a sustainable paediatric pathology workforce for the future, with a focus on succession planning, support for training and development

- Improving opportunities for research, research collaboration and data analytics

- Technology to standardise and enhance service delivery



Image – word cloud of themes from the consultation sessions

## Consultation Response Summary – SCHN and NSWHP Staff

### What is working well?

The paediatric pathology expertise, leadership, and specialised knowledge is highly regarded  
Strong clinical collaboration and interaction between pathology and clinical services and support for clinical liaison and the provision of advice e.g. via multi-disciplinary teams (MDTs) is highly valued and acknowledged as critical to exemplary patient care  
For NSWHP, paediatric diagnostic skills in non-specialist paediatric services  
Services at some sites are child and family centred, responsive to the needs of paediatric patients, and paediatric referrals are prioritised  
Effective working relationships and support within the laboratories, between the services and with referring clinicians, this extends to opportunities for shared clinical education and research collaboration  
Effective and efficient services and structures were identified as strengths with the ability to develop/onboard new tests, and synergies between laboratories and clinical services  
For CHW Pathology (CHWP), the proximity to services and having laboratories adjacent to clinical services  
Where established referral networks and access to expertise exist in regional areas this works well  
For NSWHP co-location of adult and paediatric pathology services facilitates the sharing of knowledge, experience and resources as well as the effective transition of patients  
Statewide collaboration for paediatric pathology

### What could we improve?

Equity of access to paediatric pathology in regional areas  
There is a high demand for paediatric pathology advice and support although no formal network or funding for its provision. It relies on existing relationships and good will.  
Improve access to coordinated expertise and leveraging specialist services  
Invest in paediatric pathology capability including:  
– Additional staffing (pathologists, scientists and technical staff) to support enhancement of services  
– Increased education, training and development  
– Funding and resources to improve and expand current services including genetics and emerging areas of demand e.g. Campbelltown, ensure child friendly collection services and provide after-hours services e.g. Anatomical Pathology (AP)  
– Increase the number of paediatric haematologists  
– Ability to develop and implement new tests  
Improve communication/engagement of paediatric pathology services available and how to access them  
Ensure integration of services and result delivery  
For NSWHP, ensuring a continuum of care, particularly as children transition to adulthood  
Collections could be more child and family centred – consider collection times and flexibility e.g. outside school hours and weekends, collections closer to home where possible and child friendly amenities, sedation pathways (as currently being developed at CHW)  
For NSWHP greater communication, engagement and collaboration between services, and with paediatric units, and between NSW and ACT  
For CHWP, a dedicated Centralised Specimen Reception to improve efficiencies  
Address the separate research governance requirements and processes that currently impede timely research collaboration  
Provide an integrated state-wide LIMS system (noting this is a key priority for the Fusion Program) that:  
– Improves access to patient results regardless of location and/or tests across NSW  
– Identifies paediatric specimens  
– Streamlines and standardises patient reports and ordering  
– Simplifies data extracts e.g. single data lake

- Facilitates enhanced referral pathways
- Supports digital reporting
- Enhanced support from IT application specialists with expertise in paediatric pathology
- Improve turnaround times (TATs)
- Provide education to referrers as to the best testing pathways for their patients
- Improve systems and processes including:
  - Better referral and escalation processes
  - Increase automation
  - Streamline current manual and time-consuming processes for specimen transfer
  - Reduce wastage by combined currently separate blood ordering processes
  - For CHWP improved billing processes
- Harmonise paediatric reference ranges across the state and LIS capability for reporting based on age
- Support digital pathology e.g. AP and haematology
- Inclusion of CHWP specimens in NSWHP's tracking system
- Greater alignment between pathology and LHD referral pathways
- Include specialised paediatric pathology training of registrars (including perinatal training for AP), provide cross training opportunities for clinicians, support increased paediatric collections training
- Explore a specific paediatric scope of practice to recognise existing staff expertise and skills

## Where are service gaps?

- Provision of integrated and coordinated service delivery across the state including with national programs and other jurisdictions e.g. ACT
- Ensuring greater consistency and equity of access to paediatric pathology services for regional patients and their families, and support regional collections, while at the same time, ensuring expertise/capacity to support highly specialised testing
- Enhance services to improve the patient experience:
  - Virtual MDT approach for complex cases
  - Local genetic testing
  - Statewide morphology services e.g. Cellavision, AP
  - Paediatric pathology collections including access to and amenity
- Inclusion of CHW testing catalogue in the NSWHP statewide test catalogue
- Specialised paediatric pathology education and training opportunities including paediatric collections
- Future proof service with workforce enhancements and growth to support a sustainable specialised future workforce with a focus on training to address shortages of specialist paediatric pathology staff and succession planning
- Research:
  - Embedding research within the service
  - Current research pathways processes could be streamlined to enhance research engagement and collaboration
- Embedding data analytics in every day practice and using data to drive improvements in service and research
- Statewide processes for assessing new technology
- Greater investment in genetic pathology as well as functional genomic testing to supplement non-confirmatory genomic results
- Enhanced bioinformatic services for genomic testing
- Enhanced capacity for translational diagnostics – bringing tests from the research lab into the diagnostic arena. System for research and development embedded in services
- Capacity to provide services for tailored personalised medicine, including implementation of broader range of testing to keep up with clinical changes in recommended testing and monitoring of patients. As well as improved integration and availability of services where there are potential new therapies e.g. gene therapy or precision medicines.

Accommodating specialised or niche tests that will be developed in the future

Some discipline specific gaps were raised including:

- Out of hours Microbiology testing (e.g. 24 hour blood culture and sub identification)
- Need to support enhanced paediatric micro testing for patients external to CHW
- Rapid molecular pathology identification of infectious agents
- Sequencing of infectious agents for better identification, and source control
- Enhanced Endocrine LSMS testing
- Cancer genetics – Personalised testing, Pharmacogenomics, cancer genetic testing, RNA diagnostic services, NGS sequencing, Disease monitoring methods
- Ultra-rapid Acute Care whole genome sequencing for ICU patients
- Broader range of haematology testing including Inhibitors, and platelet function investigations
- Broader implementation of digital haematology morphology for provide faster TAT for external films.
- Increased options for minimally invasive perinatal post-mortem examinations
- Implementation of digital AP in the future
- Enhanced metabolomics and proteomics

## For future services what are key outcomes we want?

Improved patient outcomes, and child, family and staff experiences

Child and family focused care:

- equitable access to paediatric pathology expertise regardless of location
- timely and accurate results with easy visibility across all NSW public hospitals
- convenient collections and child friendly collection spaces with highly trained paediatric collectors
- service delivery informed by referring clinician, patient and stakeholder priorities
- flexible and adaptable service that meets patient needs

A highly skilled and sufficiently resourced paediatric pathology workforce

Better pathways for referral and access to expertise and support for result interpretation e.g. online tools and opportunities for collaboration across all sites, development of a virtual network for expertise and access for rural and regional sites

Improved systems and processes:

- fast, accurate and timely results with improved TATs
- electronic referrals and results
- improved patient timeliness to diagnosis and reduction of patient diagnostic journey through provision of expert paediatric pathology advice on testing pathways
- enhanced access to MDTs with pathologists, scientists and clinicians to deliver excellence in diagnostic services to the patients

A coordinated approach to research (translational), new technology and service improvements

Technology enabled service delivery including enhanced use of POCT, digital pathology, a single IT system for streamlined access to patient results/reports regardless of their location, improved referrals and management of specimens and sendaways.

## What future models would help us deliver the best paediatric pathology services across the state?

An integrated statewide paediatric pathology service that retains a focus on the value and expertise of paediatric pathology capability and capacity, and recognition and support for sub-specialisation

Accessible services to support service provision closer to home for children and their families across NSW

Clear pathways to specialist expertise e.g. virtual network of care and/or access to advice for significant pathology results

Investment in paediatric pathology services e.g. infrastructure, capacity to respond to new and emerging tests and therapies and provide after-hours care

Ensuring that we leverage current paediatric pathology skills and expertise

Leverage and enhance existing relationships between the services and clinical liaison between disciplines  
e.g. Clinical Streams, Genetic Services

Single IT system to support reporting, referrals and sendaways, statewide digital morphology

Some models suggested by participants in the consultation sessions included:

- CHWP retaining its specialist status and maintain their own laboratory with a more formalised relationship and collaboration for CHWP and NSWHP
  - Co-located adult and paediatric pathology services
  - Hub(s) and spoke(s) model with specialist centres and the integration of core services with routine diagnostics, with support for supervision
  - Centralised service delivery and/or centres of excellence
  - Provision of outreach clinics and support for upskilling in paediatric pathology
  - Single paediatric pathology service model with CHWP integrated into NSWHP while maintaining local clinical relationships
  - Integrated services harmonised/rationalised around clinical needs and expertise in various locations – Paediatric specialties and the provision of specialist interpretation and advice
  - Utilisation of technologies (e.g. digital morphology) to provide patients in district, regional and remote hospitals more equitable access to paediatric pathology services
- Focus on research and development, embedding translational research capability within service areas  
Improve governance structures, provide multiple sites for testing to improve patient access e.g. hub(s) and spoke(s) model, and improved integration  
Increased specialist education and training for paediatric staff, including collection staff  
Succession planning and workforce enhancements to address current shortages of specialist paediatric pathology staff and to support a sustainable specialised future workforce  
Dedicated spaces for paediatric laboratories and collections

## Other considerations?

- Improving engagement/awareness of paediatric pathology services for users
- Ensuring paediatric pathology expertise and investment is not lost in any future model(s)
- Exploring governance and funding requirements for future service model/s
- Greater collaboration and interaction between CHWP and NSWHP
- Ensuring dedicated spaces for paediatrics
- Investing in regional paediatric capabilities
- Ensuring any future model(s) is informed by consumer and stakeholder priorities
- Greater use of POCT and digital pathology
- Ensuring the services attract, upskill and retain specialist paediatric pathology capabilities
- Exploring concerns raised about the impact to TATs and/or Rights of Private Practice through changes to service delivery
- Maintaining existing relationships irrespective of where services are delivered

## Consultation Response Summary – Local Health Districts and Referring Clinician Survey

### What is working well?

- Recognised expertise of laboratory and clinical staff with a diverse range of tests and expertise e.g. paediatric blood collections, genetics services and responsiveness to clinician requests
- Efficient service delivery and provision of advice
- Pathology staff were acknowledged as approachable, friendly and helpful, there are strong clinical relationships and good engagement e.g. MDT meetings, on-site access and in the case of (former) SEALS laboratory, the provision of tertiary expertise that covers all major subspecialties
- Where available, skilled paediatric blood collection works very well Turnaround times through the week, prioritisation of paediatric samples and some access to results depending on location of the test e.g. works well if collected in hospital
- The use of POCT blood gas machines in ED and neonatal units
- The fact that patients do not have to pay for paediatric pathology services
- Statewide test catalogue

### What could we improve?

- Access to paediatric expertise across NSW including interpretation of paediatric blood samples
- Better integration and access to results and clinician notification e.g. push notifications and ability for interstate clinicians to access cross border patient results
- Genetics ordering and consent using online processes
- Electronic ordering of tests, result notification to clinician emails and communication with clinicians about results, particularly those without access to the eMR
- Improve TATs particularly on the weekend and/or include estimated processing and delivery times
- Enhanced specimen tracking for genetic samples
- Improve information about what is offered in the test catalogues and what will be accepted by laboratories. Current disparity between volume of blood required for neonates and the size of the patient not being recognised by laboratory staff leading to requests for repeat collections
- Improve collector education and training about paediatric blood collection for different age groups, extend collection centre operating hours and increase the availability of specialised collectors/service to collect bloods including neonates (heel and finger pricks) and challenging populations e.g. children with severe delays or autism who would be combative and difficult to access
- Specialised paediatric testing for some metabolic and genetic tests currently sent outside the organisation
- Broader access to testing as appropriate for level of clinical care provided on site
- Harmonise paediatric reference ranges
- Address understaffing and inexperience, particularly in AP
- Increase the availability of POCT
- Streamline processes for complex testing particularly where there is inter lab transfers and standardise lab and test details including Medicare billing details to avoid confusion (Noting NSWHP's statewide test catalogue is currently available for use)
- Shared understanding of priority of specimen for testing
- Improve and streamline research processes to enhance collaboration

### What are key outcomes we want?

- High quality integrated paediatric pathology services across NSW with access to paediatric expertise when needed

Greater collaboration between clinicians and pathology e.g. advice about volumes in tubes, transport requirements

Timely and transparent access to patient results

Highly skilled paediatric collectors and enhanced paediatric collections methods e.g. finger or heel pricks and clear instructions on blood clots in tubes to minimise recollects

Availability of specialist tests closer to home

Continued access to Medicare funded pathology services to minimise costs to patients and their families

Dedicated paediatric pathology investment and services to support paediatric hospitals

Clearer advice and information pathways to specialist paediatric expertise

## What future models would help us deliver the best paediatric pathology services across the state?

Broader community access to collection centres, with capacity to cater to vulnerable, disadvantaged and non-English speaking populations

Enhanced testing capability and processes including:

- Coordination of testing around processing of specific tests and provision of after-hours support to EDs
- Support for state of the art testing e.g. paediatric oncology
- In house urine and blood cultures and ammonia or fast TATs for these tests if sendaways
- Personalised testing for all children across the state
- Electronic requests/ordering for outpatients

Enhanced integration and communication between clinicians and pathology to improve local service delivery matched to LHD priorities

Enhanced IT service and electronic access to patient results

Pool of highly trained paediatric collectors, child friendly collection centres and more information about sample volumes, days tests are run and consistent paediatric reference ranges

Improved governance structures – varying perspectives including: Statewide but centralised specialised paediatric pathology service to maintain specialist expertise versus an integrated on-site service versus state wide expertise and services on each tertiary site in line with clinical care and paediatric network

## Other considerations?

Rural paediatric pathology service and expertise to ensure service delivery closer to home for patients and their families e.g. mapping services available by: LHD and level of paediatric unit and making that available to staff across all LHDs

Processing of time critical samples in rural areas and enhancing access to and processing of culture results for children

Investment in emerging technologies and tests e.g. molecular tests and metagenomics, MRD, serum neurofilament light chain assay and JC viral serology to increase access (outside of research laboratories) and equipment that can manage paediatric and neonatal samples and volumes

Culturally safe and welcoming collection centres

Maintaining individual site strengths and capacity around paediatric pathology service delivery rather than centralising services

Improved engagement and liaison with NSWHP and Red Cross to minimise duplicate testing



## Consultation Response Summary – Families and Consumers

### How could we improve paediatric pathology?

Patients with highly complex needs and when difficult to collect blood consider:

- Size of vials used – able to take smaller vials and do a FBC on 0.5ml blood
- Need to collect to meet needs of the child

Access to results and diagnosis of rare diseases:

- Family access to pathology results would be useful when seeing multiple clinicians
- Pathology wait times can be a time of anxiety for families especially collections
- Improvements for collections and limit retesting requirements
- Align collections with clinic days/public holidays

Physical design of labs and waiting areas e.g. child in a wheelchair and accessibility:

- Training for children that are non-verbal and increase awareness
  - Access to collections in wards - currently available at CHWP although only once a day in the morning
- The CHWP collections team are very good, and working with families on strategies to help children overcome a fear of needles would be helpful

### If regular monitoring is required would families prefer to travel or have pathology services provided closer to home?

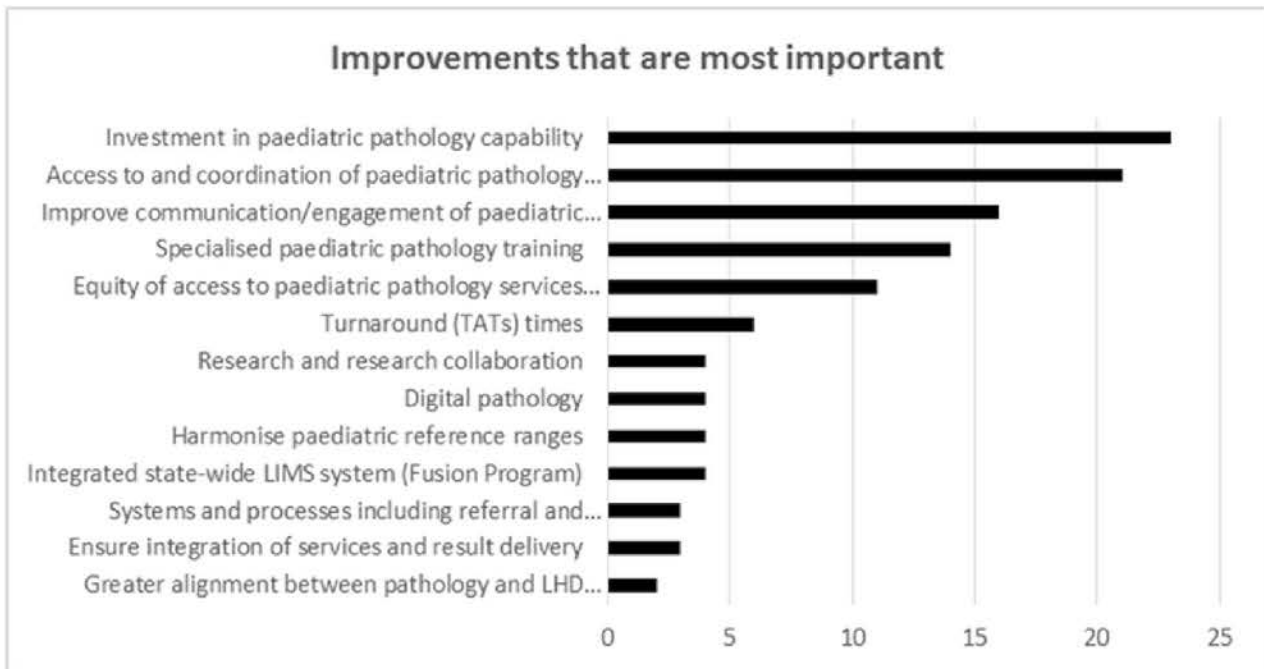
Mixture of both e.g. surveillance closer to home

Increased training for regional areas – hub and spoke

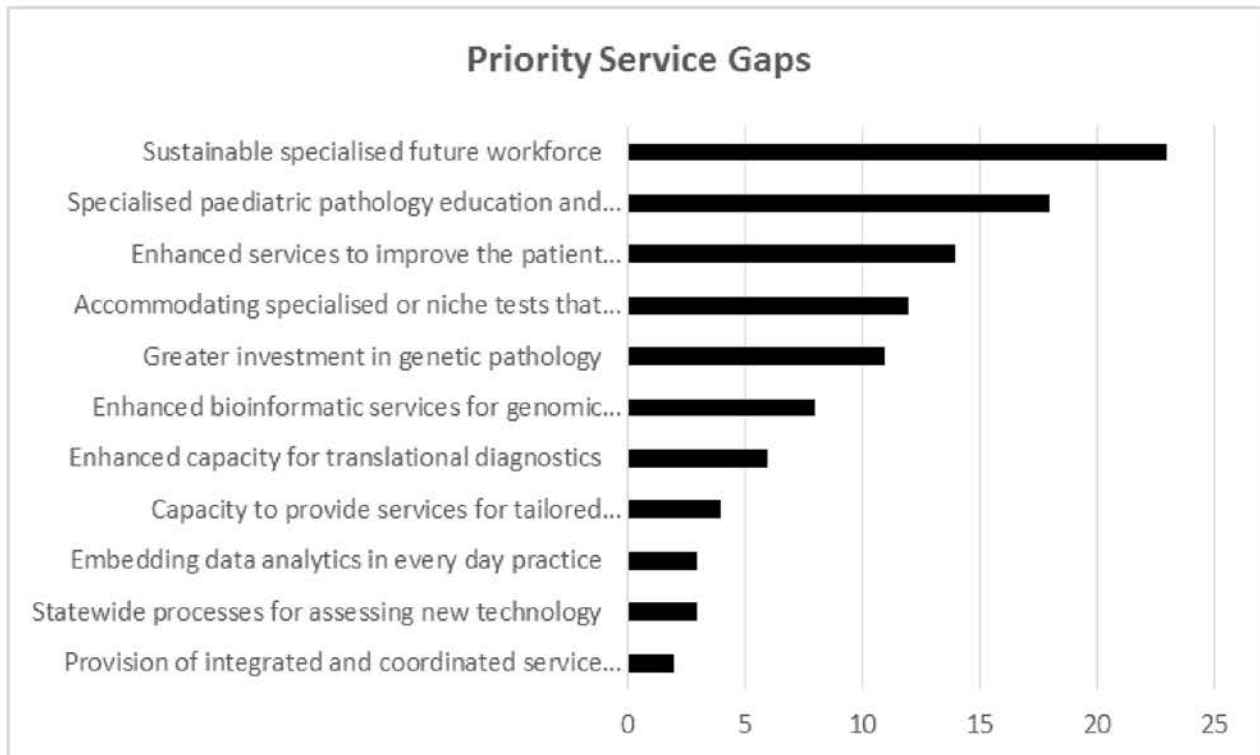
# APPENDIX B- PRIORITISATION FEEDBACK

## STAFF CONSULTATION SESSION FEEDBACK

### THE SERVICE IMPROVEMENTS THAT ARE MOST IMPORTANT TO STAFF

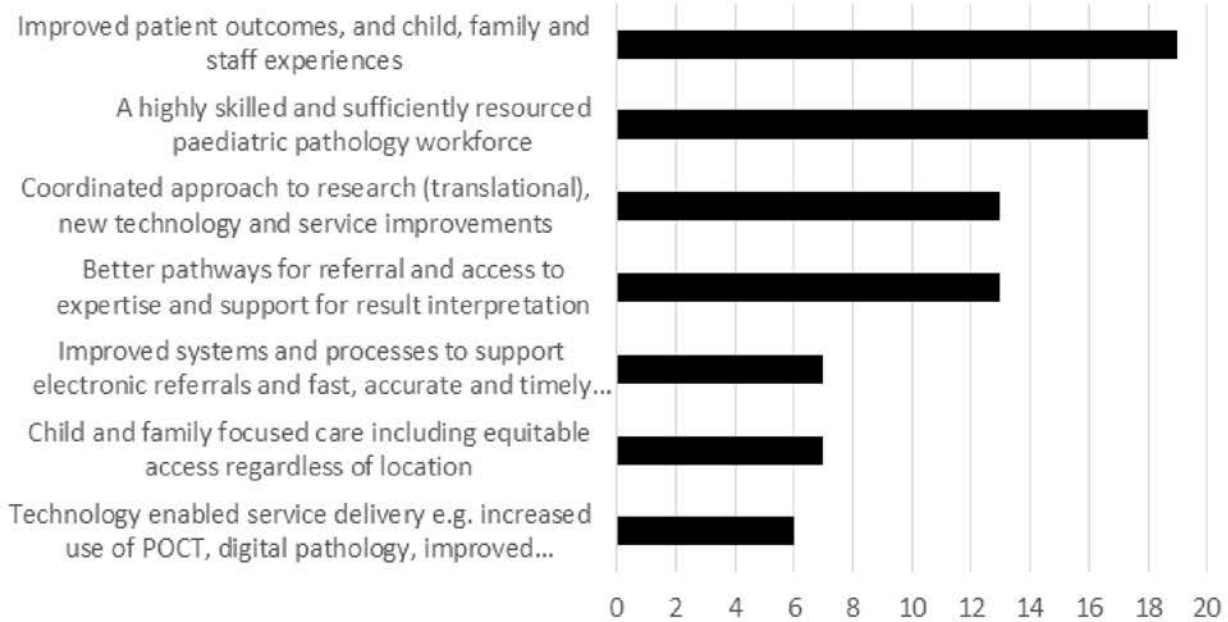


### STAFF PRIORITISATION OF SERVICE GAPS



## THE OUTCOMES OUR CONSULTATION SESSIONS TOLD US WERE IMPORTANT

### Outcomes that are most important

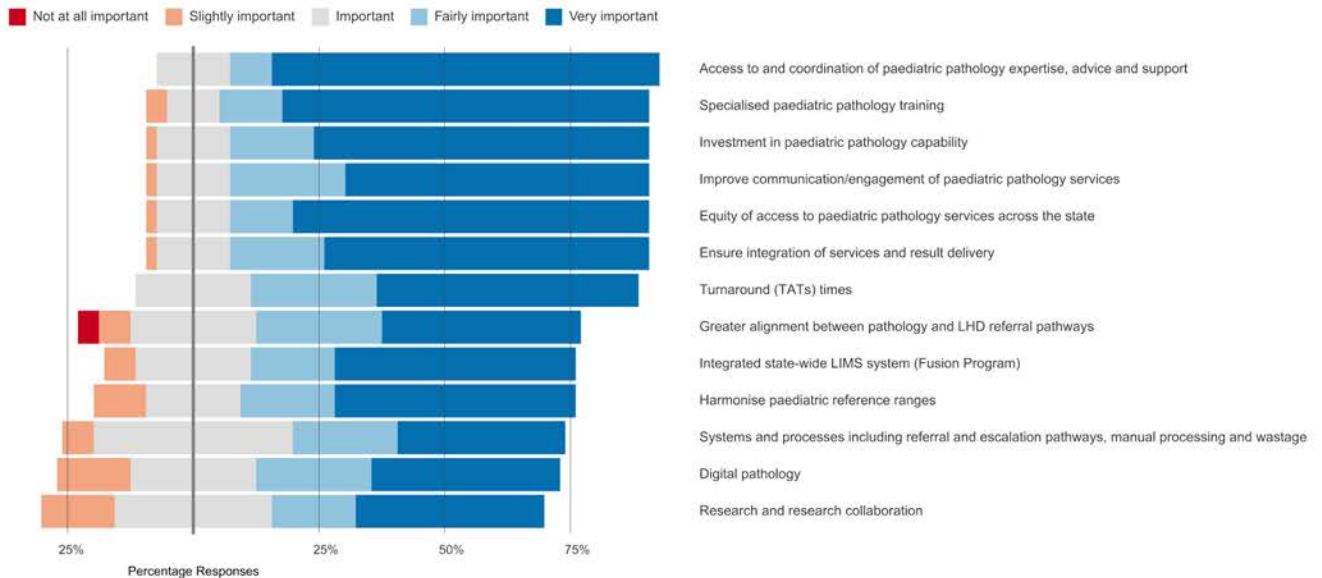


## STAFF AND STAKEHOLDER SURVEY FEEDBACK

### THE SERVICE IMPROVEMENTS THAT ARE MOST IMPORTANT TO STAFF

Please rate the importance of improvements identified for current paediatric pathology services?

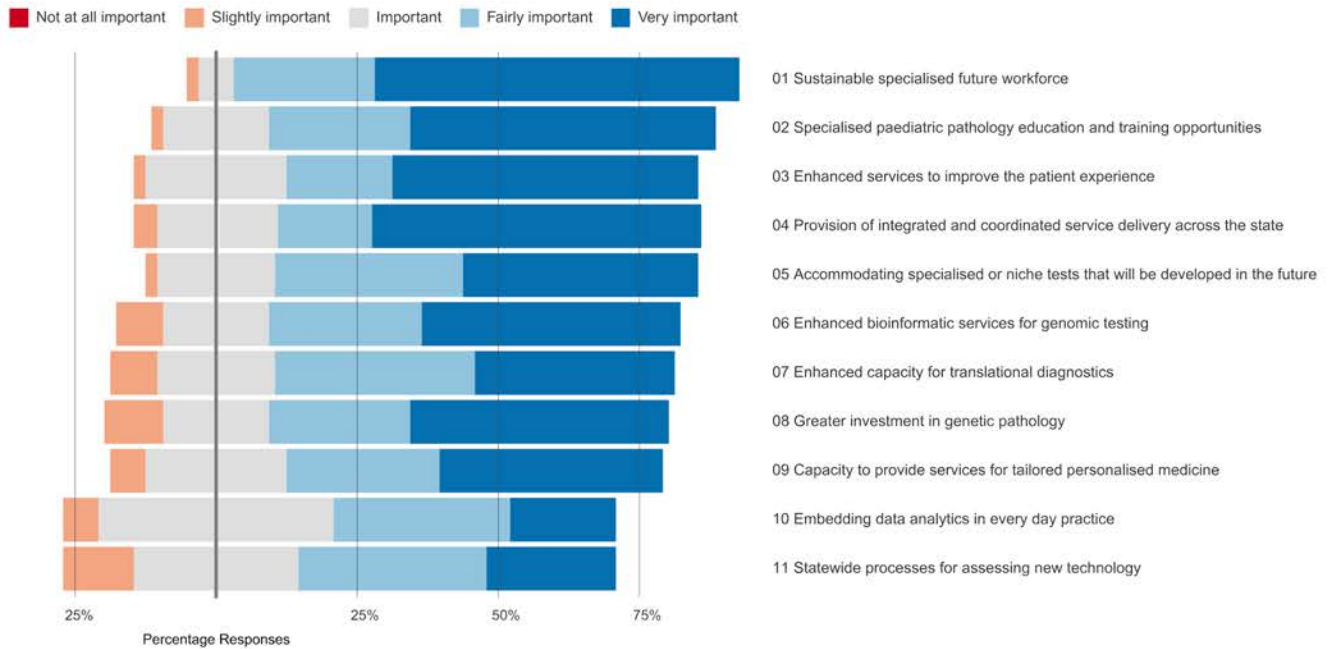
December 2022 – Data visualisation by the NSWHP Data & Insights Team in collaboration with Liz Geddes.



## STAFF PRIORITISATION OF SERVICE GAPS

### Please rate the importance of service gaps that we should address for paediatric pathology services?

December 2022 – Data visualisation by the NSWHP Data & Insights Team in collaboration with Liz Geddes.



## THE OUTCOMES OUR CONSULTATION SESSIONS TOLD US WERE IMPORTANT

### Please rate the importance of outcomes that we should address for paediatric pathology services?

December 2022 – Data visualisation by the NSWHP Data & Insights Team in collaboration with Liz Geddes.

