



Northern Ireland Office

State Pathologist's Department

The Way Forward

analysis of consultation

December 2003

Foreword

In January 2003, my predecessor Des Browne, launched a public consultation exercise entitled 'The Way Forward' which set out a range of issues and options in relation to the future provision of forensic pathology services in Northern Ireland. This exercise stemmed from a review of the State Pathologist's Department as recommended in the Criminal Justice Review. At that time there was concern at the heavy workload placed on the small team of forensic pathologists and the vulnerability that the service faced as a consequence.

The consultation period lasted for 14 weeks although a number of submissions were received and accepted after the closing date. During that time over 700 copies of 'The Way Forward' document were distributed to major stakeholders and other interested parties. In addition, consultation meetings were held at various locations throughout Northern Ireland with groups and organisations such as funeral directors, hospital authorities, the police and the Coroners Association.

This publication summarises the findings of the consultation process and provides an analysis of the responses received for each of the 5 options. At the conclusion of the process I want to be sure that my decisions on the way forward provide the people of Northern Ireland with an effective, high quality and professional forensic pathology service for the future.



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Minister of State for Northern Ireland



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Introduction

Following a review of the State Pathologist's Department (SPD) in 2001, a range of issues relating to the management and working practices of the department were identified. A number of these issues impacted on the way in which the SPD delivered its services to the public and led to a need to consider the way in which those services were undertaken.

The purpose of the consultation exercise was to set out some of the specific issues that needed to be addressed and invite comment, in order to identify the best way of organising future service provision.

In particular we want a public service that provides consistency in pathology standards, improved turnaround times for completing post mortem examinations, continuous availability of pathologists to perform post mortem examinations or attend scenes of crime, consistency in the way relatives and recipients of the service are treated and informed, to facilitate burial arrangements.

The key issue for public consultation was how best to ensure the maintenance of the current level of service and consider a number of options for improvement. More than 100 consultees contributed to the exercise and almost all indicated that change was necessary in order to maintain a high quality, responsive service for the future.

The 5 consultation options are listed below and the responses to them are summarised in the following pages.

- Retain the current arrangements for the delivery of forensic pathology;
- Provide drivers for forensic pathologists;
- Recruit additional forensic pathologists;
- Extend hospital pathologists' remit; and
- Centralise mortuary facilities.

Option 1 - Maintain current arrangements for forensic pathology

Background:

The forensic pathology service in Northern Ireland is on call 24 hours, 365 days per year for both routine and suspicious death post-mortem examinations. This practice is unique to Northern Ireland and reflects the tradition of ensuring, where possible, that burial should take place within 3 days of death.

Currently the pathology service is provided at 6 mortuaries throughout Northern Ireland. This practice is aimed at performing post-mortem examinations at a mortuary close to where the death takes place. However this requires a pathologist to spend a significant amount of time travelling, which detracts from core activity.

What you said:

- There are too few state pathologists available for effective case management and to maintain on-call arrangements.
- The current arrangements require the pathologists to spend long hours travelling and this is not efficient (even with the temporary centralisation of the service at weekends).
- The current arrangements are unsustainable, as they involve long journeys for pathologists and this has a detrimental effect on the volume and quality of services provided.

- Maintaining the current arrangements would not address the problems identified in the consultation document and will eventually lead to an overstretched but essential system collapsing.
- Change must happen as the current arrangements are continually putting pressure on pathologists. Part-time arrangements at weekends has already produced significant benefits in maintaining service levels and reducing the need for pathologists to travel.
- Current forensic pathology services probably meet most of the public requirements in respect of adult autopsies but is insufficient for neonatal and infant/children cases.
- The disadvantages of maintaining the status quo are clearly spelled out in the consultation document and are overwhelming. Long hours travelling are not a good use of highly paid professionals' time and militate against an effective and efficient service and delivering reports on time. The current service is dependant on the goodwill of the doctors.
- Would wish to see a service that ensures consistent quality throughout Northern Ireland, particularly in relation to the difficult and complex task of identifying possible suspicious circumstances around the deaths of children.
- We should be mindful of the need to achieve the balance between attempting to reduce the undoubted heavy workload on SPD with the need to provide a sensitive, dignified and professional service to bereaved families.

- It is important to maintain traditional expectations (3-day burial) but we share the concerns about the shortage of pathologists. Whatever model is chosen, post mortems should be carried out as near as possible to the place of death.

Conclusion:

More than 90% of consultees indicated that while working at present, this option is unsustainable in the longer term. For example, there continues to be backlogs in the completion of pathology reports and insufficient time is available for the pathologists to undertake other core activities such as Continuous Professional Development, peer and case management reviews.

Change is necessary in order to maintain a high quality, responsive and dignified forensic pathology service for Northern Ireland which, as far as possible, supports the 3-day burial culture. Ways must be found to make best use of the time available to the pathologists.

Option 2 - Provision of drivers for forensic pathologists

Background:

Post-mortem examinations would be carried out at the mortuaries currently used throughout Northern Ireland. However, to ease the pressure on the time that the pathologists spend travelling, drivers would be provided to chauffeur the pathologists to the various outlying mortuaries.

What you said:

- Providing drivers would have a positive effect on the service by easing the strain and pressure on pathologists.
- This option would go some way towards alleviating the situation. Pathologists would be free to either rest whilst being driven or would be able to complete reports with the use of laptop computers. The provision of air travel, where appropriate, should also be considered.
- Pressure can be reduced on pathologists by diminishing out-of-hours commitments and by providing drivers.

However:

- The provision of drivers would not solve the issue of time spent travelling and would continue to represent an inefficient use of pathologists' valuable and scarce time and skills.

- It is not appropriate for pathologists to travel throughout Northern Ireland to perform autopsies. The service needs to be centralised but with effective arrangements for carrying out post mortems, in a timely way, to ensure families are not inconvenienced.
- Whilst this option certainly addresses any concerns about the dangers of fatigue on doctors having to concentrate on driving, it would not offer any advantage in time management. It would do little to improve the efficiency of the service delivery – regardless of who was driving.
- It is recognised that significant time is wasted for a relatively scarce expertise through travel. This needs to be minimised and as such, serious consideration should not be given to this option.

Conclusion:

Whilst the introduction of drivers may have some benefit for the pathologists, almost all of the comments indicated that these are far outweighed by the limitations. For example, pathologists would continue to be tied up in travelling thereby limiting their time for undertaking post-mortem examinations and impeding other vital activity such as peer review, teaching and Continuous Professional Development. In addition, there is no evidence available to suggest that the benefits of engaging drivers would increase the overall efficiency and effectiveness of service delivery or contribute to reducing the vulnerability of the service.

Option 3 - Recruitment of additional pathologist(s)

Background:

There are currently 3 Consultant Forensic Pathologists and 1 Trainee Forensic Pathologist in the SPD. Given the distances travelled, the time involved in travelling and the pressure to meet the traditional expectation of burial within 3 days of death, there is a view that the department is currently under resourced.

What you said:

- This would help with the pressure on SPD but as there is already a shortage of qualified pathologists there would be a considerable delay in training sufficient pathologists to carry out the work.
- This is the most logical way forward and would ensure that a 24 hour 365-day service is available and adequately staffed. This would enable the timely production of autopsy reports.
- One additional pathologist should be employed but recruitment problems are anticipated. The overall shortage of pathologists within HPSS may compromise this option.
- It is recognised that the 3 consultants engaged to provide a 24 hour 365-day service appears inappropriately small, although perhaps no worse than other UK regions.

- A hybrid should be considered, incorporating a contribution from hospital pathologists while in the longer term expanding the number of pathologists employed in SPD. This would allow for the maintenance of skills within other pathologists throughout Northern Ireland and may allow for rationalisation of other (mortuary) sites to be considered. Rationalisation has already taken place at weekends.
- In addition, ways should be developed to attract future forensic pathologists into the profession. A more pro-active recruitment campaign is required, which would involve looking at the reasons why students and doctors are not coming through and address the issues of career structures, grading and retention.
- If the services were centralised then perhaps the current complement of staff could manage the workload without the need for additional pathologists.
- A combination of options 3 and 4 is perhaps the best solution to this problem, as pathologists' time would be better spent doing post mortems rather than travelling long distances.
- With an additional pathologist, time could be freed up to enable backlogs to be overcome and could ensure that autopsy reports are always timely in order to prevent delays in the criminal justice system.

Conclusion:

More than 65% of consultees indicated that it is in the best interests of SPD to recruit at least one additional pathologist. The recruitment of additional pathologists would have a number of benefits for service delivery, for example, they would help to strengthen the team, increase the efficiency of service delivery, reduce the caseload per pathologist and minimise delays in the completion of pathology reports for coroners. Whilst not specifically alleviating all of the problems associated with travelling, it would have the potential to help significantly reduce the vulnerability and risk associated with a small specialist team, help support on-call commitments and free up time for other core activities.

Given the shortage of experienced pathologists throughout the United Kingdom, it may take a considerable period of time before any posts could be filled.

Option 4 - Extension of hospital pathologists' remit

Background:

A possible solution, which would prevent the pathologists having to travel such long distances to carry out routine post-mortem examinations, would be for hospital pathologists (particularly in outlying hospitals) to undertake their own routine hospital-related coroners cases.

What you said:

- This is a more sensible approach to the problem, which increases the resilience of the service and reduces the travelling involved. However it will be difficult to implement at present, with several unfilled posts in Northern Ireland and with no HPSS laboratories staffed to take on additional work. This could be viable if additional (HPSS) posts were created and if it were possible to recruit suitable candidates.
- Adult consented autopsies have almost disappeared whilst the number of coroner's autopsies has remained largely unchanged. This has resulted in hospital pathologists carrying out only a small number of cases resulting in de-skilling.
- As most hospital pathologists are already de-skilled in terms of forensic work, they would require significant training to enable them to undertake their routine hospital-related coroner cases.

- This option would only be seen as shifting the burden from SPD to hospital pathology services, which are already over-stretched. Reformulating two already insufficient services is not the way forward.
- Unless pathologists are regularly performing autopsies there is inevitably going to be considerable variation in pathology standards. As such, this option probably serves nobody – coroners, pathologists or the public.
- This is the only significant and practical solution to the problem. If peripheral hospitals were up to full strength they would not be overstretched and could take up coroners work.
- More routine cases should be passed to hospitals to perform, allowing SPD to concentrate their skills and specialist knowledge on specialist cases. This would allow hospital pathologists to retain their skills.
- It would make sense for each hospital trust to have its own pathologist. This would cut down the need for travelling by SPD. More pathologists should be cited on the coroners list, particularly those in peripheral hospitals.
- None of the options (in the consultation document) take sufficient account of longer-term issues such as professional and strategic matters. For example, the interface between the State Pathologist's Department and HPSS Pathology. One possible model that merits further consideration would be joint appointments between the NIO and DHSSPS. This would facilitate greater focus on quality,

clinical governance, standards of care and communication. This system already works well between HPSS and universities and should be extended to include the State Pathologist's Department.

- If hospital pathologists' remit were extended, hospital pathology services would be in direct competition for resources with histopathology services, which are already over-stretched.

Conclusion:

Extending the remit of hospital pathologists, could partially meet the needs of SPD. It would result in less travelling for state pathologists and would enable more time to undertake other core forensic activity. In turn, hospital pathologists working on coroner's cases would be able to maintain their pathology skills at a time when there are fewer opportunities for them to undertake consented cases.

However the busy schedules of hospitals, together with the shortfall in experienced staff, would impact on their pathologists' ability to perform coroner's post-mortem examinations to meet the 3-day burial tradition. It may also present difficulties in maintaining the required level of forensic pathology standards and procedures. It is essential however that a close and to some extent integrated approach to conducting coroners post mortem examinations is maintained between hospitals and SPD, particularly on specialist cases where paediatric and neuropathology support is required.

A further suggestion was made that consideration should be given to creating joint appointment posts with responsibility shared between SPD and DHSSPS. This would have the potential for easing the workload of SPD while at the same time increasing the opportunities for hospital pathologists to maintain their skill levels. This suggestion has merit; however the present level of pathology vacancies in hospitals would make it difficult to implement in the near future. This option should be revisited in the future.

Option 5 - Centralisation of mortuary facilities

Background:

Given the success of temporary centralisation at weekends and bank holidays, over 70% of consultees suggested that centralisation could be extended in order that all post-mortem examinations are undertaken within a centrally located mortuary. The centralisation of post-mortem examinations would overcome a significant number of the problems associated with the current arrangements. This would facilitate better working practices and maximise the time of the pathologists involved.

What you said:

- Centralisation would provide the greatest level of efficiency.
- Is already working well at weekends and could be extended to the remainder of the working week. Concerns over excessive delays to funerals or incurring additional costs have not been realised with few, if any, complaints.
- Centralisation would minimise the travelling demands on pathologists. It is desirable to concentrate the service on fewer sites.
- Centralising in Belfast for both in-hours and out-of-hours does appear to be an appropriate way forward. This would ensure that SPD quality

standards are maintained and would enable pathologists to undertake more training and teaching.

- In conjunction with a 4th pathologist, this is the best way forward so long as systems are put in place for SPD to liaise with clinicians and GPs.
- This represents the best approach for the future. Although there would be some additional transportation costs this option would maximise the use of available forensic pathologists.
- An excellent idea; could incorporate high-risk and paediatric facilities. Centralisation of autopsies makes it easier to monitor pathology standards and the retention of body parts.
- Centralisation will only be acceptable if the turnaround times were sufficiently quick to ensure burial within 3 days of death, in line with local tradition. An immediate option might be to limit the number of mortuaries involved eg Altnagelvin Hospital Mortuary and Belfast City Mortuary.
- This option is long overdue. Glad that the pilot for weekends has worked well. This is the least cost-offensive option.
- Centralisation would not alter the number of autopsies to be performed by SPD but would reduce the time lost travelling, standardise the facilities available, increase the availability of specialist advice and increase the exchange of knowledge between trainees and general pathology trainees.

- Consideration should be given to creating a team with morbid anatomy expertise to provide a regional autopsy service to both coroners and hospital trusts, in a centralised high-quality facility. This would consolidate best practice regarding consent and disposal of organs and tissue.
- Any move towards centralisation, whilst alleviating the pressure of travel on pathologists, would increase the need for police officers to travel more.
- It would impinge on the Bahai faith which directs that a body should not be moved more than a 1-hour journey from the place of death.

Conclusion

More than 70% of consultees indicated that centralisation is the most effective option for future service delivery. However, it is clearly recognised that the most important thing for relatives, at the time of death, is the need for burial arrangements to be made as quickly and, as far as possible, in line with the 3-day burial tradition. Temporary centralisation at weekends and on public holidays has shown that it is achievable and is readily extendable to weekdays.

Centralisation was seen as making the most effective use of pathologists' time and significantly reducing the vulnerability and risk associated with maintaining a small specialist team. In addition, some respondents considered that a centralised facility would enable the service to plan for the future and to provide a consistently high quality service.

A 'centre of excellence' was proposed, in which both coroners and consented post-mortem examinations would be performed. This would be staffed by both forensic and general pathologists within which, the State Pathologist and the Deputy State Pathologist, would deal with homicides and suspicious deaths.

This suggestion fits well with the centralisation option and offers a range of benefits including facilitating the auditing of pathology standards, peer review, ensuring the availability of specialisms and could support work in areas where pathology input is required.

Inevitably there are a number of issues associated with this option that will require further detailed consideration, not least, maintaining the independence of the State Pathologist and his team. Whilst this suggestion at present goes beyond the requirement and remit of the SPD it should be kept under review pending the outcome of the Shipman and Coroners Reviews.

The Way Forward – Implementation

Having listened carefully to what people have said about the way forward for forensic pathology services in Northern Ireland, at least 4 important messages have been made clear and must be taken into account in any future service delivery model. In particular, the need to:

- Maintain as far as possible, the 3-day burial tradition as well as the 365-day forensic pathology service;
- Deliver forensic pathology services to the highest clinical standards and to treat each and every case in a professional and dignified manner;
- Ensure that state pathologists' valuable and finite time is used efficiently and effectively in undertaking core forensic activity; and
- Maintain a close working relationship between hospitals, hospital pathologists and state pathologists.

It is also clear that, on their own, none of the options meet these requirements. In response, I have decided that a combination of centralisation, additional pathologists and closer working with hospitals are necessary to deliver and maintain a high quality and responsive service for the future.

According to many of the comments received, centralisation meets most of the criteria for maximising pathologists' time and for maintaining high standards of clinical governance. The success of temporary weekend working has shown that it is possible to perform autopsies at a single location quickly and efficiently, regardless of which part of Northern Ireland the deceased and their relatives come from.

With careful management the service can be extended to weekdays with confidence that turnaround times will continue to be met. Centralisation will also allow for better planning and monitoring of service delivery.

To ensure that a 365-day service is consistently delivered it will be necessary to increase the state pathology team by one additional pathologist. This will strengthen the team and will ensure the continued availability of state pathologists.

In addition, the SPD will continue to work closely with hospitals and hospital pathologists on ways to continually improve and integrate forensic pathology services and practices, as well as supporting the development of other doctors in forensic pathology.

I have taken the decision that centralisation will be phased in over the next 3 years.

The next stage in the process will be to research where a central mortuary facility should be located.

Acknowledgement

The Northern Ireland Office wishes to express its thanks to those organisations and individuals who took the time to respond to the consultation exercise.

