Policy framework of core principles and quality dimensions to which national networks must adhere.

Core Principles (Ref: CEL 29 (2012))

Core Principle 1: Clear management arrangements and leadership of the MDN

Core Principle 2:

A defined MDN structure setting out the points at which the service is to be delivered and the connections between them

Core Principle 3: Core Principle 4:

The use of a MDN The use of a annual work plan documented evidence base by the MDN

Core Principle 5:

The multi disciplinary and multi professional constitution of the MDN, which includes patients

Principle 6: A patient-centric

approach

Ongoing

Core Principle 7: Optimising the MDN education and training potential and continuing professional development

Core Principle 8: Generating better value for money

Institute of Medicine's 6 Dimensions of Quality (Ref: Healthcare Quality Strategy For NHS Scotland, 2010)

Person Centred Safe Effective Efficient Equitable Timely The vision of the Scottish Clinical Biochemistry Network (SCBN) is to deliver patient-focussed biochemistry services across Scotland. Working collaboratively with our stakeholders, our mission is to deliver an efficient, effective and equitable state-of-the-art scientific laboratory service, designed to meet the challenges arising from evolving health care delivery models Year 1 (2018) Year 2 (2019) Year 3 (2020) Year 4 (2021) **Strategic Aims** Outcomes (2022) All NHS Boards across Scotland National Audit of diagnostic Reference intervals for tumour markers will Publish ovarian cancer audit Harmonisation of have adopted, best practice investigations for the recognition findings, develop best practice be consistent across Scottish Laboratories. Electrophoresis and Myeloma with regards to Tumour guidance. of ovarian cancer in primary guidelines and practice A re-audit for CA125 compliance will be Markers. care. Survey GPs re knowledge of completed Tumour markers bookmark has Publication of recommended 1. Cancer Services guidance been evaluated and reissued tumour marker reference Audit adherence to Electrophoresis and Continue to develop across Scotland. ranges. Audit uptake/implementation of Myeloma guidelines All NHS Boards across Scotland

provided to cancer services

2. Innovation

A clear, effective

across Scotland.

Publicise tumour marker bookmark among primary care. Nurture links with cancer networks.

For staff across the SCBN to be regularly inputting into the 'Network Innovations' website tab and to be involved in 'SHIL' and Innovation Portals. A skills matrix of network members will be produced.

Develop a programme of education in line with innovative practice

reference ranges and target QI appropriately.

Scope development of a more interpretative tumour marker reportwith serial measurements displayed and interpretative comments available, linked to national IT

have adopted best practice in CA125 requesting and IT systems are in place to ensure that this is being audited and is effective.

For innovative practice to be freely ▲ shared across the network using a range of appropriate means

Ongoing

Innovative practice is swiftly identified across Scotland and shared across the diagnostic community. Supports are in place to swiftly and effectively allow innovative approaches to be adopted in other Health Boards.

Policy framework of core principles and quality dimensions to which national networks must adhere.

Core Principles (Ref: CEL 29 (2012))

Core Principle 4:

The use of a

documented evidence

base by the MDN

Core Principle 1: Clear management arrangements and leadership of the MDN

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annual work plan

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Person Centred Safe **Effective Efficient** Equitable Timely

Year 3 (2020)

The vision of the Scottish Clinical Biochemistry Network (SCBN) is to deliver patient-focussed biochemistry services across Scotland. Working collaboratively with our stakeholders, our mission is to deliver an efficient, effective and equitable state-of-the-art scientific laboratory service, designed to meet the challenges arising from evolving health care delivery models

3. Workforce The biochemistry workforce will be resilient and responsive to upcoming challenges.

Strategic Aims

Participate in new DSG workforce subgroup, including data capture and contributing a thorough assessment of job roles and descriptions. Continue to engage with NES around development of training programme

Year 1 (2018)

Based on data gathered, develop workforce profile inc medics & BMS staff. Continue engagement. Network subgroup develop response to national initiative eg refreshed education strategy

Continue to progress a business

case for national introduction of

submission of data, provide further

information on appropriate use of

tackle variation, including coeliac

Continue to develop benchmarking

report. Develop programme of QI

Identify tests for repatriation or

negotiation of price for NHS

working in benchmarking

Scotland. Encompass regional

based on initial findings

and faecal calprotectin testing

atlas of variation. Increase

Year 2 (2019)

Implement refreshed education strategy

Continue to progress opportunities to ensure workforce stability through transformational roles and forward planning

The atlas of variation is used by the

a tool to identify and tackle

for future evaluation.

diagnostic community and referrers as

unwarranted variation as well as tests

Ongoing

Ongoing

Year 4 (2021)

A biochemistry diagnostic workforce which is resilient, effective and sustainable and that this results in a better quality of service.

Outcomes (2022)

4. Demand **Optimisation** To reduce under and over testing in biochemistry across Scotland

5. Benchmarking and Audit

Agreed benchmarks monitored centrally and audits allow services to continually improve

6. Emerging challenges

Diagnostic services will be responsive to emerging challenges and will be able to address them quickly.

Progress development of Atlas of Variation in primary care testing through engagement with NDOG, pilot NHS Boards. Insert data from at least five NHS Boards to identify variation. Provide information for users on appropriate use of key tests. Deliver workstreams in at least one lab to minimise waste and reduce unwarranted variation in the following tests: FSH; Vitamin D; Thyroid; U+E

Continue to engage with IMS on the development of a benchmarking report for laboratory workload statistics. Collect data on sendaway tests.

Participation in workstreams which Support the implementation fo develop within the shared services the distributed servcies model programme and DSG. Continuing for labs. Work with SHTG on new to be involved in relevant strategic and changing tests eg liver developments. fibrosis

Ongoing work with atlas of variation. Establish a standard basket of tests for Scotland with recommended MRIs. Establish care pathways for specific tests such as thyroid function testing. Identify specific key tests, develop QI programme to test areas within atlas of variation requiring work.

> For the SCBN to be using Benchmarking and audit to map practice, and endorse and share best practice. In working with Shared Services; progressing benchmarking within the new model and optimising use of the datamart for labs, looking for opportunities to improve quality and deliver best value across NHS Scotland.

A significant reduction in over or under-requesting any biochemistry diagnostic tests across Scotland. An Atlas of Variation will be in place across Scotland for priority tests which will also ensure that biochemistry diagnostic services are responsive.

Diagnostic services have robust mechanisms in place for benchmarking and of audit and are able to identify and tackle disparate practice easily.

The diagnostic community is responsive to issues which arise for biochemistry diagnostic services by ensuring that information is escalated to the relevant people quickly to action.

Ongoing