Consequences of the provision of laboratory services of the National Health Service by commercial firms

I read this article by Shanks with great interest, and I would like to make some comments about it and about the general state of private pathology laboratories.

Many people may not know that J S Pathology is a public company quoted on the stock exchange and that Dr Shanks is the executive director. The laboratory is the largest in the United Kingdom and not attached to any hospital or university department, and is about to move into purpose-built premises in North London. The laboratory work is tailored to private medicine and has a low proportion of medical to non-medical staff, and the bulk of the work is biochemistry and haematology with some microbiology, rather a lot of cytology, and little histopathology.

Laboratories of this kind are almost invariably "demand led" whereby the tests are undertaken and interpreted by the clinicians that request them. With few pathologists available for advice, the consequences are that there is no control of the number and nature of the tests that are performed, in contrast to the NHS where pathologists are available for consultation concerning difficult clinical problems and will give advice on how the laboratory can help. Another result of the "tests on demand" approach is that aggressive drug companies will use these laboratories for promoting their products. The marketing of serum tumour markers is a good example of this.

With the advent of efficient cervical and breast screening programmes and the expansion of private medicine, the private sector must become responsible to those organisations concerned with quality assurance and conform to responsible reporting of tests undertaken so that meaningful national statistics can be compiled. Many people concerned with these projects consider the private sector the "third dimension" from which the face back at the present time is almost non-existent. Private pathology laboratories through the Independent Health Care Association should be far more aware of these responsibilities and be prepared to cooperate with national data collecting bodies, resisting the temptation to promote indiscriminate cervical screening.

Clinical pathology departments in the NHS have a proud record of providing a service and responsible advice to clinicians concerning the management of their patients. There is a danger that with the commercial factor ruling, laboratories will be established that will indulge only in remunerative pathology practice. There is no doubt that health service laboratories need to increase their efficiency, as we are continually being told in advance of April 1991. I would reverse the concerns Dr Shanks expresses in her final sentence, however, and say that it would be a sad day if the lessons learnt in the NHS were ignored by the private sector rather than the other way around.

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Provision of laboratory services

Both Whitty et al and Shanks seem to conclude that it is no longer feasible for small to medium-sized pathology laboratories to function autonomously. I would agree with this point of view as it seems to be inappropriate for each district general hospital to attempt to provide a comprehensive on-site pathology service. Two questions then arise. First, which tests should be retained locally, and secondly, which laboratory should deal with those tests which are referred out.

In their conclusion Whitty et al seem to point the way forward. They propose a plan of action which is similar to the approach we have adopted. As part of our business planning we have completed a detailed review of our present working practices. We have now defined the core pathology services which will be retained locally. The aim now is to refine the definition of these services by having detailed discussions with our hospital consultants and general practitioners.

The next step is then to determine how non-core pathology services should be provided. One option is to proceed with a process of competitive tendering for these services. Clearly, the result of this may be that tests are either referred to another distant NHS laboratory or to a laboratory within the private sector. I favour the alternative option.
Pathologists’ ability to estimate percentage of luminal occlusion in coronary artery disease.

C Womack

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