

NATIONAL HEALTH SERVICE**REVISION OF PATHOLOGY STATISTICS**

Summary. This memorandum advises hospital authorities of the intention to introduce a new basis for the recording of work done in pathology laboratories with effect from 1st January, 1958. Hospital authorities are asked to arrange for records to be kept in a manner that will enable the annual returns to be made to the Ministry in the new form.

1. After consultation with the Central Pathology Committee the Minister has decided to discontinue the unit system of measuring laboratory work after the end of 1957. A new and simplified scheme has been agreed to be adopted from 1st January, 1958. Hospital authorities are asked to arrange for records to be kept in a manner that will enable the annual returns on the new basis to be completed for the year ending 31st December, 1958.
2. A draft of the new form is shown in an appendix to this memorandum. The pathology section of the main hospital return will be deleted in 1958 and the new statistics will be collected on a separate return. The basis of the new system is a count of requests for work to be done, analysed under the four main divisions of laboratory work—bacteriology, biochemistry, haematology and histology (except post-mortems—see below).
3. Thus, a request involving work only in bacteriology would count as one only under "bacteriology" irrespective of the number of tests or investigations involved. A request involving work in both bacteriology and biochemistry would count as one under bacteriology and also as one under biochemistry. A request involving work in all four of the main divisions of laboratory work would count as one under each of the four headings.
4. In most cases requests for work to be done on behalf of an individual patient will be received simultaneously. In some instances, however, separate requests will be received for work to be done for the same patient in the morning and the afternoon. In the latter case which will normally involve two entries in the laboratory day book, the requests are to be treated independently. If, for example, both the morning and the afternoon request involved work only in biochemistry one would be counted under "biochemistry" for the first request and one under the same heading again for the second request.
5. For post-mortem examinations no analysis of the type of work involved is required. A record is required only of the number of examinations carried out.

*To: Regional Hospital Boards,
Boards of Governors,
Hospital Management Committees.*

6. The return is also designed to show under six headings the following:—
1. Work for the main hospital using the laboratory.
 2. Work for other hospitals.
 3. Work for general practitioners.
 4. Work for the P.H.L.S.
 5. Work from other sources.
 6. Work referred to other laboratories.

7. In addition, laboratories are asked to provide a list of the hospitals served indicating which is the main hospital served.

8. It is realised that this return cannot do more than show in broad terms the volume of work undertaken, the organisation of laboratories, the facilities provided and the distribution of work between the different agencies served.

9. This return must not be regarded as providing a basis for the precise measurement of the work of a pathological department. In particular, it takes no account of the bedside and consultative aspects which are essential parts of clinical pathology. **These statistics will make it possible in most cases to provide an approximate allocation of costs between the different hospitals served by a laboratory and so a more accurate figure for patient-costs in each. (H.M. (57) 31.) They are not adequate in themselves for the close comparison of establishments or costs of individual laboratories which would require a special study in each case.** The range of tests is continually expanding, new methods have to be subjected to rigorous trials before acceptance for routine use, while individual techniques vary from laboratory to laboratory. It is therefore essential that whenever these statistics suggest that a more detailed investigation may be desirable into the establishments or costings of individual laboratories, or the allocation of costs between the hospitals served by a laboratory (H.M. (57) 31), there should be consultation with the senior pathologist familiar with the local situation, in order that appropriate arrangements may be made. The senior pathologist should also, if he wishes, have the advice and assistance at such consultations of the Chairman of the Regional Pathology Advisory Committee, and the more detailed records of the laboratory which pathologists will no doubt wish to keep for their own purposes would also be consulted.

MINISTRY OF HEALTH,
SAVILE ROW,
LONDON, W.1.

7th November, 1957.

97611/12/9/2

APPENDIX

Pathology Statistics

Name and address of laboratory

	Individual patient requests involving work in			
	Bacterio- logy	Bio- chemistry	Haemato- logy	Histo- logy
1. Work for the main hospital using the laboratory ...				
2. Work for other hospitals ...				
3. Work for general practitioners				
4. Work for the P.H.L.S. ...				
5. Work from other sources ...				
6. TOTAL				
7. Work referred to other laboratories				
8. Number of post-mortems...				

List of Hospitals served.

1. Main Hospital.