Reflections on IBMS Presidency

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IBMS AGM comments

- The COVID pandemic provided the first opportunity for a public voice/face for biomedical scientists
- Unfortunately, it was this aging ugly mug that was thrust into the limelight!
- AGM comment: “listen to him – that is what I do, I don’t just “work in a lab”!
- Lack of visibility and understanding of our role among public, politicians, media health care professionals and our families!
- For 2 years we were in the spotlight and this was a huge boost for many biomedical scientists

Our profile

- "The pandemic has given biomedical science a profile that we had previously never been able to obtain – I've never heard the words "testing in the laboratory" so frequently in our country's media"
- "It has been an opportunity to demonstrate the complexity of all the work that we do, and how key we are to the vast majority of clinical diagnoses, not just to the coronavirus response"

Oxygen of publicity

* "Our profile has never been higher: who could have possibly predicted that the public would have been discussing laboratory testing in the countries buses, trains and pubs never mind across their own dining tables"
* "The importance of what we do 24 hrs a day was finally given oxygen and we were in demand to explain the complexity and the importance of what we do to keep patients safe"

Home sampling (not testing!)

Institute of Biomedical Science

* “Who would have thought that millions of tests would have been carried out in homes across the UK over the last two years – the landscape of testing has changed forever and it will not be possible to put that Genie back in the bottle”
* “There is an expectation now around home testing and we have to ensure that we position ourselves carefully and accurately in this new landscape to ensure the quality of any home testing or sampling and to ensure that our professional advice has the ear of the decision makers"

Our invisibility cloak

* “It is perhaps not surprising that we are invisible to the general public but it is disappointing that we are poorly understood by our professional colleagues - we must engage with our clinical colleagues at every opportunity. Only by engaging with the entire patient pathway will we understand the complexity and challenges of more patient facing staff groups but we will also be able to offer solutions to the challenges they face and improve patient care and treatment”
* “We have been given the opportunity to emerge from the black box that we are often perceived to live in by the media, politicians, the public and some of our healthcare colleagues and we must do so proudly, brush ourselves down and clearly articulate “Here we are and this is what we do”.

Connectivity

* There is no point in requesting a test if the result cannot be linked to the clinical pathway and derive clinically relevant data from the results.
* This is bread and butter to us and is so self-evident to biomedical scientists and laboratory professionals that we struggled to understand the level of surprise when we pointed this out to the decision makers in 2020.
* We underestimated the skills and knowledge base that many biomedical scientists have in this vital specialty.

Access to test results

* Irrespective of the suitability / accuracy / sensitivity / specificity of any test it can only have a clinical utility if it is accessible to appropriate clinicians
* The rapid development of testing pathways (largely with the private sector) in early 2020 led to significant weaknesses in IT solutions and access to results in a timeous manner
* This emerged as one of the major challenges in the testing pathways and resulted in flawed decision making based on inaccurate data

The importance of IT connectivity

- In diagnostic laboratories we have been living with IT connectivity for so long that we take our vast and unique experience in this area for granted.
- This specialist area has evolved over the years but is now vital to the way we work and critical during mass testing when TAT is crucial.
- This vital resource that resides in NHS and private labs was overlooked in the haste to deliver test numbers

Data is king!

- It is not just about getting the correct result to the right place within the agreed TAT
- The accumulated data was used to inform strategic decision making and announced to the media
- The data used for the first three months of this pandemic were based on NHS labs only who were doing less than half the tests across the UK
- 1.3 million test simply disappeared overnight
- No postcode data was recorded on the UK website for several months

Why did we test for COVID?

- To identify the presence of the virus
- To confirm the presence of virus in symptomatic patients
- To “look” for the presence of virus in asymptomatic people
- As part of a public health surveillance programme
- As part of a test trace and isolate/protect/test strategy
- Overall aim is to identify patients that need treatment (and those that do not) and to reduce transmission of the disease as part of a wider strategy
- More controversially…..
- To meet political targets or in response to media pressure
- To show we care……

Why **should** we test for COVID?

- Irrespective of the test, we should only test if there is a clear clinical benefit
- Testing must be appropriate for the phase of the pandemic
- The target population must be clearly identified and linked to the clinical benefit
- Not all tests are appropriate when considering testing an asymptomatic population (?screening)
- The test chosen must be appropriate to the disease and be verified

The political angle

- The NHS and private labs were ignored by this government at the beginning of this pandemic
- Dismissed under the guise of “protecting the NHS”.
- The UK government preferred to seek solutions from their friends in the commercial world
- Capacity and more importantly expertise overlooked in favour of multi-nationals selling their wares with obvious conflicted interests
- Decisions led by political dogma rather than clinical and scientific advice

Pandemic politics

* “What about the politics of the pandemic? Significant errors were made in decision making at the beginning of the pandemic in early 2020. This is not about private v public sector it is about ensuring the best patient care and avoiding barriers and bottlenecks in the sample pathway during a public health crisis. It is about utilising the countries collective resources to create a single pathway and tapping into the decades of experience and knowledge that exists within our profession to respond quickly, safely and effectively to public health crises such as the one we faced in early 2020.

Opportunity missed

* "At the beginning of 2020 an opportunity was missed that profoundly impacted on our ability to protect the public from this virus. We as experts were not consulted. We must learn from that error and ensure we have a clear strategy to deal with future public health crises.
* We struggled to get traction with government and politicians but thanks to interventions by individuals such as Lord Bethel and Lord Scriven our voice was finally heard"

Media involvement

- Most national and many local radio stations
- Most (if not all) broadsheets
- Some international TV channels
- Many online news agencies
- Most national TV stations
- Private Eye
- National documentaries and current affair programmes
- Firm and hopefully longstanding relationships now established

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2020

Britain's testing shambles

Coronavirus: Scientists warn over expansion of Covid-19 mega-labs

Lighthouse Laboratories have 'failed to deliver robust data' on spread of coronavirus, says Institute of Biomedical Science

Shaun Lintern Health Correspondent | @ShaunLintern |
Tuesday 30 June 2020 16:00 |

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Antibody tests: all your questions answered

As Public Health England approves a new antibody test, here's everything you need to know about such tests

By Victoria Lambert
14 May 2020 • 11:14am

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The Telegraph Coronavirus Appeal — Make your donation

What are antibodies and why do we develop them?

Antibodies are protein alarm bells which warn the immune system that a threat has been detected inside the body. "We all have cells primed to make antibodies called Immunoglobulin M (IgM)," explains virologist Dr Sarah Pitt, a lecturer at the University of Brighton and Fellow of the Institute of Biomedical Science. "These are the first response to a danger like Covid-19. They are capable of binding on to

Dealing with the media

* The level of ignorance, even among health correspondents for broadsheets is breath-taking
* Their level of interest varies hugely
* They will often selectively quote, be very careful what you say…
* Can be a two way process, I learned a lot
* Point them in the right direction, the good ones can find the evidence of what you suspect

Dealing with the media

- We need to educate the media on what we do!
- It is vital that we get our message across on what we can and possibly more important, what we cannot do.
- Our message may be different from the message they want to get across
- Saying no was sometimes the safest option
- My lack of virology/bacteriology experience was perhaps a positive!

Media ignorance

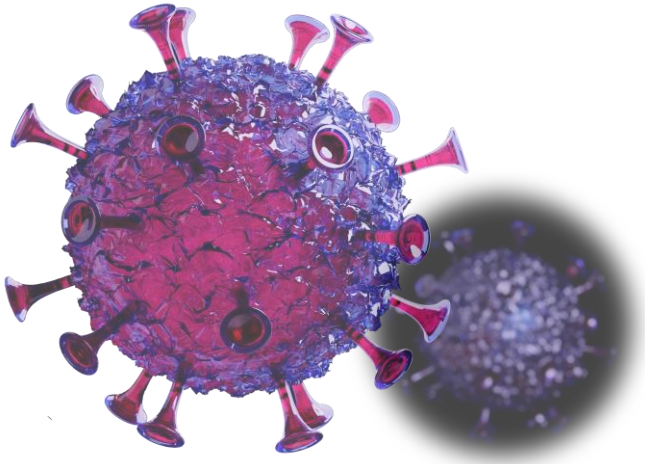
* I am reminded of an interview that I had with a senior journalist during the supply problem that we experienced at the end of 2020.
* This was not purely about COVID but started in that direction as the journalist naturally assumed all we did was COVID testing.
* When I then started to list some of the other testing we did and our impact on patient pathways the reaction was one of total astonishment – you do that as well……..!

The APPG

* From the outset of the pandemic, the IBMS, along with others, has been concerned about the lack of a clear and comprehensive testing strategy. Whilst the publication of the NHS Test and Trace business plan is welcomed, the IBMS recommends that it continues to be refreshed and updated to reflect the changing environment in which we live.
* The IBMS recommends that Government undertakes capacity/demand modelling for all stages of the Test and Trace programme and works to ensure the security of the supply chain to avoid interruptions to the programme.
* The IBMS would caution against the announcement of further arbitrary political targets, with no evidence base, in relation to the Test and Trace programme to avoid distraction and dilution of effort.

The All Party Parliamentary Group

- Fascinating experience!
- Evidence that the Institute is now recognised as a strong voice for pathology
- Strong cross party support for involvement of the pathology community in decision making
- Led to questions in the House of Lords
- We are beginning to find our political voice



What is Capacity?

- Equipment, staff, test kits, physical space?
- Leading politicians using words interchangeably
- Capacity measured in multiple ways
- Uptake of testing rarely mentioned
- An indecent rush to fill capacity
- Lack of transparency
- Competition between lighthouse and NHS labs

Future testing strategy

* A model for future delivery of COVID-19 testing should concentrate testing resources onto a limited number of mass testing molecular laboratories within existing NHS pathology networks across the UK with sufficient capacity to expand quickly in the event of a second wave of this pandemic or future pandemics.
* This renewed focus on NHS diagnostic and clinical laboratory services would maximise the capacity and expertise of the UK pathology community and hold in reserve a strengthened and more formal partnership arrangement in a model similar to the 'Nightingale' hospitals for COVID-19 patients.

IBMS action list

* Establish an expert panel that will develop a Diploma of Expert Practice in Laboratory I.T and Clinical Informatics that will be accessible not only by biomedical scientists but also by IT professionals.
* Significantly more responsive, position statements normally out within two days
* Contract with Political lobbyist
* Media team strengthened
* Media training

Visibility and advanced practice

* We are on the cusp of a seismic change in advanced practice with opportunities for career advancement and improving the service we deliver to our patients.
* We need you to get out of the black box, invite decision makers and other healthcare professionals into your lab and articulate the complexity and value of what we do
* We need visibility so when a crisis arises decision makers involve us in providing solutions

The solution?

- We continue to apply expensive sticking plasters such as pricey locums and backlog companies to an ailing service staffed by stressed staff while a significant element of the solution is staring us in the face.
- We need to have the courage and confidence to unleash the potential of highly trained biomedical scientists and support workers who are already on the pathway to advanced practice and can provide a relatively rapid solution to prevent us breaking the scarce resource we have.
- We need to nurture that resource.

Challenges from the Covid-19 pandemic

- Poor understanding of what we do in biomedical sciences
- The politics of testing
- Lack of professional input to political decisions
- How do we deliver mass testing while maintaining business as usual testing
- Poor diagnostics manufacturing industry base
- Lack of contingency planning – no expansion valve
- Lack of investment in diagnostics

Lessons from the Covid-19 pandemic

- The focus must be on the entire pathway
- IT connectivity is vital and must be included in all commissioning exercises
- Targets are not the answer unless they are underpinned by sound, robust scientific evidence
- Traditional testing routes are changing
- Irrespective of our capacity to test in terms of expertise, facilities, equipment and staff we cannot function without the raw material of test kits.

Summary and conclusion

- We must resist political and media pressure to test for testing sake and to “show we care”.
- IT connectivity is vital
- We are now firmly engaged with the key decision makers and have been consulted frequently since the pandemic
- We need to get out the lab more! We are the solution to our invisibility!
- Advanced practice for biomedical scientists is a significant part of the solution to the crisis that we are currently facing
- Consider becoming an active member of the Institute!

The Inquiry

* Concerning that despite multiple applications both IBMS and RCPath have been excluded from the inquiry
* Many countries have completed their inquiry , learned lessons and implemented a strategy to prepare for future incidents
* The UK inquiry (like the initial approach to the pandemic) has been politicised, has yet to start and it is difficult to see how learning can be applied years after the event