

Mega-laboratories: a Trojan Horse for a private system



Based on a report by Pat McGee

With the total Pathology budget within the UK worth more than £2bn, technology and diagnostic companies are keen to cream off a large slice of this for private profit.

Ministers appear not only to be utilising interim powers under emergency Covid-19 legislation to facilitate this privatisation but are allowing private providers to make savings by circumnavigating national standards designed to ensure quality pathology services.

At the start of the Covid pandemic, a number of 'Lighthouse Laboratories' were set up in addition to, and in most cases independently of, NHS laboratories, in order to carry out Covid testing.

The majority of these facilities are provided by the private sector.

[Companies involved](#) in the Lighthouse programme so far include Medicines Discovery Catapult, UK Biocentre, GlaxoSmithKline, AstraZeneca and PerkinElmer, and the DHSC also has 'partnership agreements' with other commercial providers – the latter including Randox in Northern Ireland – to assist in the covid-19 swab-testing programme.'

It appears that there was no requirement for these laboratories and their staff to be regulated, leading to concerns regarding the quality and safety of the services provided.

In April 2020, a worker at the Lighthouse laboratory in Milton Keynes, run by UK

Biocentre, told the [Guardian](#) that the facility had received hundreds of swabs in vials that were either leaking or not sealed in two bags as required, meaning the couriers and technicians handling them risked contamination.

Six months later a joint investigation by the [BBC and the Independent](#) revealed further problems at the site, and highlighted overcrowded biosecure workspaces, poor safety protocols and a lack of suitable PPE.

Bypassing the NHS

Numerous NHS laboratories, including the Coventry and Warwickshire Pathology Service, already had the facilities, expertise and existing accreditation to provide molecular testing.

This was extended at the beginning of the pandemic to include Covid-19 PCR testing within hospital environments. These laboratories could therefore, with some investment, have provided comprehensive community Covid-19 testing.

A BMA report published in September noted that 44 NHS pathology labs were left under-used during the height of the pandemic, and that outsourcing resulted in "significant adverse effects".

It gave one simple example: delays at Lighthouse labs had on occasion left hospital staff unaware of their Covid status for up to seven days while awaiting test results... when NHS facilities could have determined those results in just six hours.

The Institute of Biomedical Science has also been critical of the strategy. 'Whilst we

recognise the need to rapidly upscale testing capacity and the fact that this will be an ongoing requirement, we have consistently voiced our members' concerns about the centralised approach to testing.

This has led to the creation of the lighthouse laboratories as a parallel but disconnected testing stream for COVID-19 and there has been a lack of transparency around processes of clinical governance and, in particular, the limited IT connectivity of these laboratories to clinical systems already in place.

There was also no facility for IT links, essential not only for safe and effective patient care, but also for effective Track and Trace services at local level.

Using the NHS, results would have been entered into the Laboratory Information Management System (LIMS), with automatic upload to each patient record in the relevant hospital system, which is accessible by hospital staff and GPs providing patient care. Reports could also have been submitted electronically to the patients' GPs from the LIMS.

It would have been relatively simple to provide local Track and Trace services with timely notification of all positive tests, to include patient demographics from the NHS patient database and to include addresses.

Such notifications from the national Track and Trace system provided by Serco have been delayed and often lacking the necessary information for effective local control measures to be implemented in a timely manner.



A New 'Mega-lab' in Leamington Spa

In November 2020, it was [announced](#) that Leamington Spa had been selected as the site of one of two new 'Mega-labs' in the UK (the other in Scotland) for large scale Covid-19 diagnostic testing. It could create up to 2,000 jobs in the local area and would be 'one of the largest diagnostic facilities in the UK'.

The NHS run Coventry and Warwickshire Pathology Service (CWPS) already employs more than 500 staff, including Medical Consultants, Clinical Scientists and Biomedical Scientists. Support staff include Biomedical Assistants, who are unqualified but are highly trained and supervised.

So far recruitment ads for the new centre have not included Biomedical Scientists, a title which is protected for use only by individuals who are State Registered, and therefore regulated by, the Health and Care Professions Council.

The laboratory is instead using titles such as 'Senior Laboratory Technician'. Which does not require applicants to have a degree in Biomedical Sciences, or to be State Registered with the HCPC.

Adding to concerns that the mega labs are a duplication is evidence that NHS staff are being poached to work in them.

The IBMS told the [Lowdown](#): "recruitment agencies working for Lighthouse labs have been directly approaching Biomedical Scientists working in the NHS to offer them enhanced salaries to tempt them to leave the NHS."

After a decade of pressure on funding staffing in pathology is at crisis point with only 3% of diagnostic labs claiming to have [sufficient](#) staff – and this is a cause of backlogs and case outsourcing.

2,000

number of jobs to be created in the Leamington Spa mega-lab

3%

of NHS diagnostic labs claim to have [sufficient](#) staff

£2.25bn

15-year turnover of pathology network for South East London

Part of a plan to privatise

Health Secretary Matt Hancock claims "The radical expansion of testing has been one of the successes of this pandemic, as it means more people can get a test more conveniently than ever before.

"We didn't go into this crisis with a significant diagnostics industry, but we have built one."

Hancock's claim that the UK did not have a 'significant diagnostic industry' trashes the existence of the established, but underfunded, NHS-run pathology service.

The NHS has [44](#) virology labs and the independent [sage group](#) of scientists suggest the underuse of NHS facilities undermined the response to the virus at a critical stage contributing to the higher death toll.

Hancock's silence about the private

ownership of the new Mega-labs conceals the real agenda of this government, which is to establish and entrench a privately run health pathology system bypassing and running in parallel with the NHS diagnostic and pathology service, a process which was well underway [prior](#) to the pandemic.

It was reported in the [Lowdown](#) - Oct 2020, that the SE London Integrated Care System ('Our Healthier South East London' – OHSEL) has been overseeing the drawing up of a huge pathology network contract for South East London.

The estimated value is a staggering £2.25 billion over 15 years (with a 5-year extension option). SE London Clinical Commissioning Group (SELCCG) has now [given](#) the green light to the [private](#) company SYNLAB.

Putting in perspective In 2018 BMC Health Services Research found that this consolidation of pathology services in England had already been matched by a significant increase in private sector involvement, reaching 13 per cent of the total pathology budget, but this proportion will have advanced significantly since then.

It added, "The interest of private sector in providing pathology services should not come as a surprise.

"The total pathology budget is worth more than £2bn and there is a wide range of technology and diagnostic companies that would like a share of it."

■ **Pat McGee is a former State Registered Biomedical Scientist, previously employed by Coventry and Warwickshire Pathology Services (CWPS) at University Hospitals Coventry & Warwickshire NHS Trust (UHCW). She is Secretary of the UHCW Branch of Unite the Union and Chair of Coventry Keep Our NHS Public**

■ The full text of her article is published online by Health Campaigns Together [HERE](#).