

What is the NCOPP Benchmarking Program?

The NCOPP Benchmarking Program reports and compares staffing, productivity and finance data of participating public pathology services.

NCOPP has contracted The Benchmarking Partnership from the UK to design, test and report on Australian public pathology benchmarks. These benchmarks aim to demonstrate and compare the value, efficiency and effectiveness of public pathology services.

The Benchmarking Partnership is a collaboration between Keele University and Beeston Consulting. Keele University has managed the UK National Pathology Benchmarking scheme for over 20 years. Beeston Consulting has worked for several years advising the NHS and English Department of Health about the demand, activities, costs and workforce associated with the provision of public sector pathology.

An NCOPP Steering Committee oversees the program to ensure that the methodology and outputs are appropriate for the Australian environment.

Benchmarks are useful tools to guide managers where further analysis would add value. The NCOPP Benchmarking Program reports data in a way that pathology managers and funders understand. This can be used to:

- Demonstrate variation in performance and identify opportunities to increase value for money;
- Identify strengths, weaknesses, opportunities and potential for change;
- Identify areas for making cost savings and efficiency improvements;
- Inform business and strategy planning processes;
- Stimulate discussion on best practice and collaboration on initiatives which help deliver service improvement.

What does it involve and what do I receive?

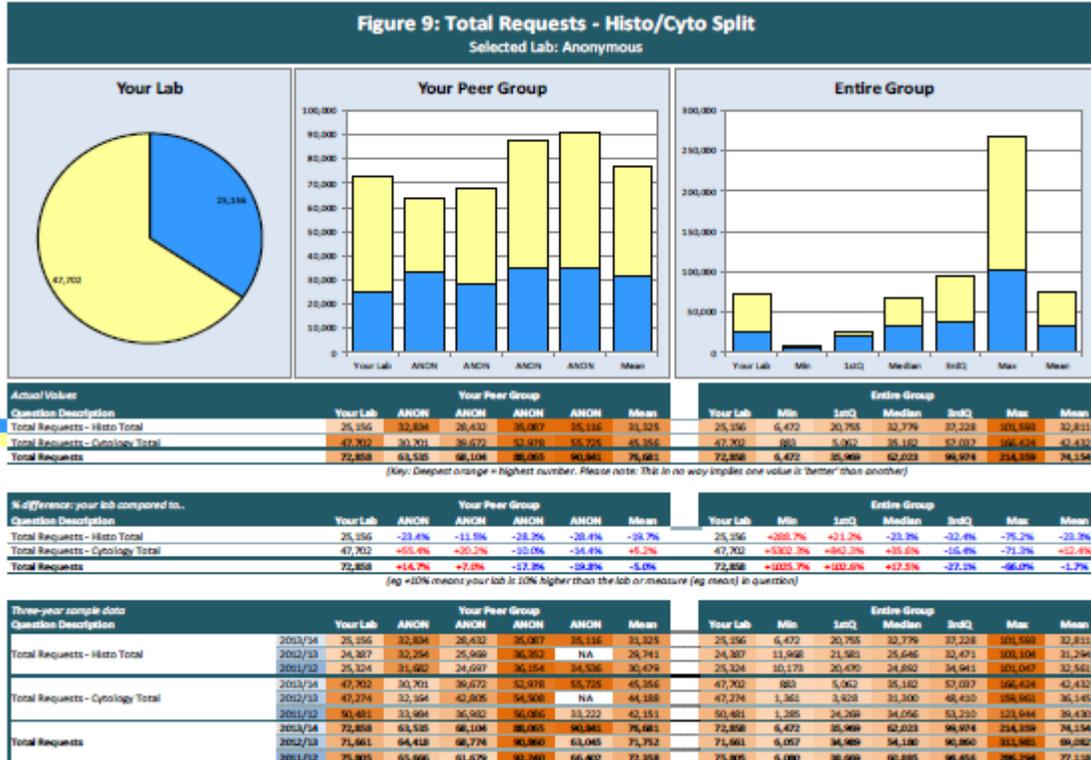
Participants provide demographic data, general ledger, activity and workforce data for 2013/14. This is reviewed by The Benchmarking Partnership to form a view of year zero. Face to face meetings with The Benchmarking Partnership are conducted to iron out any issues with the data provided. Data from the 2014/15 year will then be gathered and analysed to prepare a draft report which is then subjected to further data checking before final issue.

Data is presented at an organisational, peer laboratory and discipline level. Each participant receives a customised report containing de-identified peer matched data. A report with summary level statistics is also issued. Reports contain concise reports and tables and clearly identify relative positioning within peer groups. Identifiable data is kept confidential. Participants will only have access to de-identified data from other participants, unless consent is provided otherwise.

Sample reports

	Total Requests	% Urine Requests	% Hospital Requests	% GP Requests	Requests per Network Activity	Requests per 1,000 GP Population	Consultants	% DCC PAs	Total Staff (WTE)	Average Staff Pay Cost	% Staff Band 5+	Pay Cost per Request	Non-Pay Cost per Request	Total Cost per Request	Urine Micro Culture & Sensitivity Target (Days)
t	784,969	33%	50%	30%	0.32	235	10.0	76%	108.6	48,845	75%	6.8	3.4	10.1	2
i	1,192,315	31%	61%	39%	0.35	222	6.0	79%	95.2	39,371	58%	3.1	2.8	5.9	2
	493,972	34%	62%	35%	0.31	165	4.3	86%	42.9	37,292	49%	3.2	2.0	5.2	2
j	160,462	39%	52%	45%	0.24	202	3.0	74%	19.2	65,832	48%	7.9	2.5	10.4	1
l	1,097,274	21%	88%	12%	0.59	431	5.8	87%	63.9	51,308	60%	3.0	0.7	3.7	2
	530,597	45%	68%	28%	0.59	344	3.5	73%	64.7	41,479	63%	5.1	2.2	7.3	3
1	831,590	35%	42%	58%	0.29	276	5.0	85%	85.3	43,338	55%	4.4	2.8	7.2	3
	735,613	36%	77%	22%	0.48	280	0.8	82%	49.9	32,137	47%	2.2	1.9	4.1	2

Source: P Hudson, The Benchmarking Partnership, Sample Report, 2015.



Source: P Hudson, The Benchmarking Partnership, Sample Report, 2015.

Productivity - Tests per

- Tests per Medical Consultants
- Tests per Clinical Scientists
- Tests per Biomedical Scientists
- Tests per Laboratory Support Worker (MLA)
- Tests per Administrative and Clerical Staff

	Lab A	Lab B	Lab C	Lab D	Lab E	Lab F
Tests per Medical Consultants	9,811,906	40,110,775	3,712,091	3,259,013	2,798,161	21,363,665
Tests per Clinical Scientists	1,614,617	891,351	1,408,035	1,025,343	674,102	1,751,120
Tests per Biomedical Scientists	189,138	220,753	270,149	180,840	172,445	312,334
Tests per Laboratory Support Worker (MLA)	501,001	1,146,022	712,618	412,132	475,939	550,255
Tests per Administrative and Clerical Staff	1,036,188	4,200,081	4,083,301	652,606	677,180	3,107,442

Source: P Hudson, The Benchmarking Partnership, Sample Report, 2015.

Figure 139: AfC Staff "Christmas Tree" Chart

Selected Lab: Anonymous

	Your Lab		Peer Group Mean		Your Lab		Entire Group Mean
2012/13	NA	Band 9	NA		NA	Band 9	0.10
2011/12	NA		NA		NA		NA
2012/13	NA	Band 8d	1.00		NA	Band 8d	0.56
2011/12	NA		NA		NA		1.00
2012/13	1.00	Band 8c	1.45		1.00	Band 8c	0.50
2011/12	1.00		1.45		1.00		0.98
2012/13	1.50	Band 8b	1.50		1.50	Band 8b	1.01
2011/12	1.20		2.07		1.20		1.08
2012/13	6.00	Band 8a	3.82		6.00	Band 8a	2.51
2011/12	7.00		5.33		7.00		3.01
2012/13	36.15	Band 7	18.29		36.15	Band 7	7.48
2011/12	32.04		20.81		32.04		7.46
2012/13	27.78	Band 6	28.75		27.78	Band 6	13.83
2011/12	25.68		28.32		25.68		12.39
2012/13	14.56	Band 5	9.67		14.56	Band 5	5.82
2011/12	10.00		11.30		10.00		5.45
2012/13	3.00	Band 4	1.42		3.00	Band 4	2.28
2011/12	1.00		2.22		1.00		2.53
2012/13	NA	Band 3	11.51		NA	Band 3	5.90
2011/12	1.00		7.89		1.00		5.31
2012/13	11.00	Band 2	7.56		11.00	Band 2	6.08
2011/12	NA		4.20		NA		4.26
2012/13	NA	Band 1	NA		NA	Band 1	0.74
2011/12	NA		NA		NA		0.64
2012/13	0.50	Medical	1.99		0.50	Medical	1.41
2011/12	0.10		0.93		0.10		1.47

Source: P Hudson, The Benchmarking Partnership, Sample Report, 2015.



The final report is released for discussion at a user group feedback meeting in which the data are reviewed and participants discuss outcomes and ways to develop the program. The inaugural meeting for the pilot year is scheduled for November 2015.

How do I get involved?

Participation in the 2015 pilot year is limited to NSW Health Pathology (NSW), Pathology Queensland (PQ), PathWest Laboratory Medicine (WA) and SA Pathology (SA).

The aim of the pilot year is to develop a methodology and produce meaningful benchmarks for Australian public pathology services.

Participant feedback and review by NCOPP will lead to determination as to whether: the program will continue; participation be extended to all NCOPP members; refinements to the process are required; and additional measures should be reported on.

If you have any queries, please contact ncopp@ncopp.org.au.