

Wiltshire Council

Health Select Committee

Date 11th January 2022

BSW Diagnostics Programme Update

Purpose of Report

1. The purpose of this report is to update the committee on the national diagnostics programme and how this will impact the residents of BSW. This report is for information only and no decision is required by the committee.

Background

2. Professor Sir Mike Richards was commissioned by NHS England in 2020 to undertake a review of NHS diagnostics capacity (NHS Long Term Plan). The independent report, *Diagnostics: Recovery and Renewal*¹, recommended the need for a new diagnostics model, where more facilities are created in free standing locations away from main hospital sites, including on the high street and in retail locations, providing quicker and easier access to tests to a range of tests on the same day, supporting earlier diagnosis, greater convenience to patients and the drive to reduce health inequalities. The COVID Pandemic reinforced the notion in the report of the separation of elective diagnostic services from acute care sites and the Integrated Care legislation has pointed us to solutions that are system focused and meet the needs of a population particularly the idea of Community Diagnostic Centres (CDCs) providing speedier access to one stop diagnostic tests.

The aims of the Community Diagnostic Centres are to:-

- Minimise risks of transmission of Covid-19 between patients, visitors and staff during the diagnostic process, thereby providing a safe environment for patients and staff for the conduct of diagnostics for all disease pathways during the period in which Covid-19 is endemic.
- Increase and optimise diagnostic capacity in the longer term through the separation of acute and elective diagnostic provision – providing benefits in terms of efficiency and quicker access to testing and convenience for patients.

¹ [NHS England » Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England](#)

- Improve patient experience of the diagnostic process and facilitate earlier diagnosis of a range of conditions, where possible providing a suite of tests in one day in a single location.

It is anticipated that three hubs per million population should be established in the first instance (broadly equivalent to the number of acute hospitals).

The exact configuration of the services within the CDC will be for local decision making however the expectation is that a broad range of services will be available for the population. Based on the increasing demand and convenience for the population the minimum required within a CDC are:-

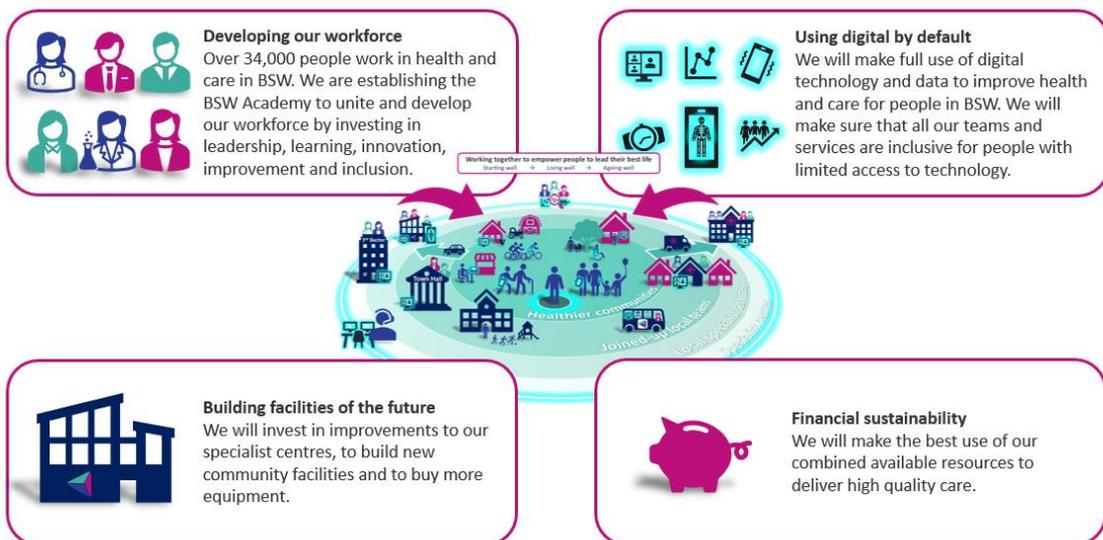
- **Imaging:** CT, MRI, ultrasound, plain X-ray.
- **Cardiorespiratory:** echocardiography, ECG and rhythm monitoring, spirometry and some lung function tests, support for sleep studies, blood pressure monitoring, oximetry, blood gas analysis.
- **Pathology:** phlebotomy.
- **Endoscopy:** facilities are undoubtedly needed and should be provided in Covid-19 minimal locations. However, these are likely to be better delivered at scale and may therefore only be provided in some CDCs. Some larger endoscopy facilities could also become training academies.

Main Considerations for the Council

3. The BSW Integrated Care System model of care has been designed to address the strategic ambitions that will be the bedrock of any system developments and transformation during this period. The new model is centred around the individual, placing prevention at the heart of everything the system does, whilst promoting self-care and self-management, including the use of technology to enhance the patient experience.



How we are going to make this happen



From **May 2021** all the Community Diagnostic Centre plans have been developed by the Diagnostics Steering Group, however the 14th October 2021 saw the launch of the 3 working groups, which are co-chaired by clinicians representing both primary and secondary care from across BSW:-

- Imaging
- Endoscopy
- Physiological Measurements

The aims of the groups are:-

- a) To help develop a 10 year strategy that delivers the ambitions of the Richards Report, the NHS Long term Plan and the BSW ICS for the population of BSW (the future state)
- b) To refine and deliver the existing BSW bid for the development of a networked Clinical Diagnostic Service
- c) To develop a community of practice with experts from across primary community and secondary care to work on projects that understand the need for diagnostics in our system, eliminate unwarranted variation and health inequalities and explore the opportunities to innovate with workforce models and technology to improve access, outcome and sustainability

In **May 2021** BSW along with other systems across the country were given the opportunity to bid for year 1 (from the 4 year national programme) CDC funding from the NHS E/I national team .

BSW developed a bid which contained the following elements:-

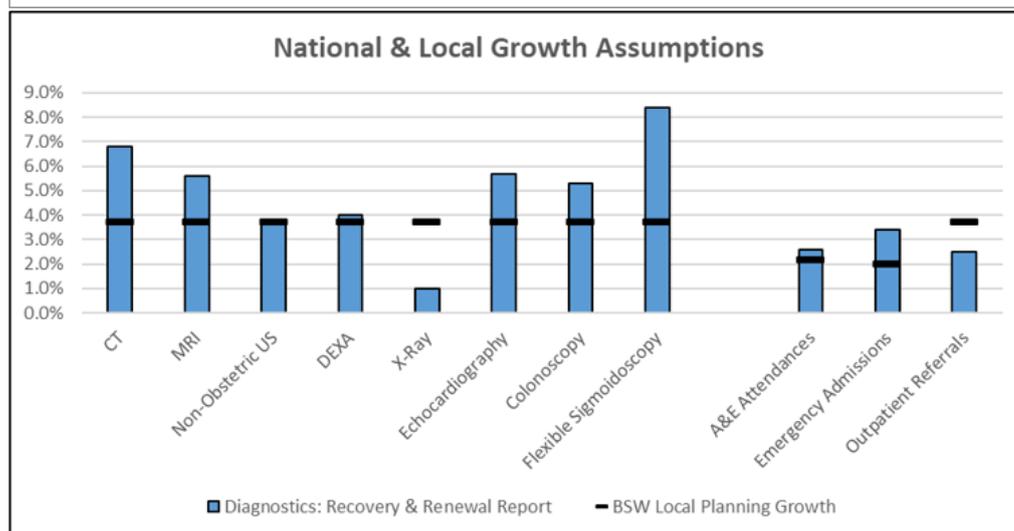
- MRI scanner that will be based out of Sulis Estate in Bath
- Funding for additional FeNO Testing in primary care
- Phlebotomy – to provide equity of service across BSW

At the end of **September 2021** NHS E/I informed BSW that it was successful in the year 1 bid for the full amount within the business case.

Over the coming months the focus will be on the development of the plans for 22/24 and how the national funding can best service the population of BSW bringing diagnostic closer to the patient and addressing the increasing demand for diagnostics.

Rising Demand & Growth Assumptions

Demand for almost all aspects of diagnostics has been rising year on year and for some diagnostic modalities demand was outstripping capacity before the pandemic. This was impacting on achievement of diagnostic waiting times standards, with knock-on effects on cancer and elective care. There is widespread consensus that demand will continue to rise. The rise in demand has been driven partly by increases in activity across many aspects of acute hospital activity, with particular increases in demand from urgent referrals for cancer (10% p.a.) and from A&E for imaging. Wider indications for tests such as CT scanning are also fuelling demand. Activity has increased markedly across almost all aspects of diagnostics over the past five years with notable increases as follows (all growth based on projections from 2014/15 to 2018/19). The demand for diagnostics is rising faster than that for NHS services as a whole, which are typically rising at between 2.5% and 3.4% p.a.



Environmental and Climate Change Considerations

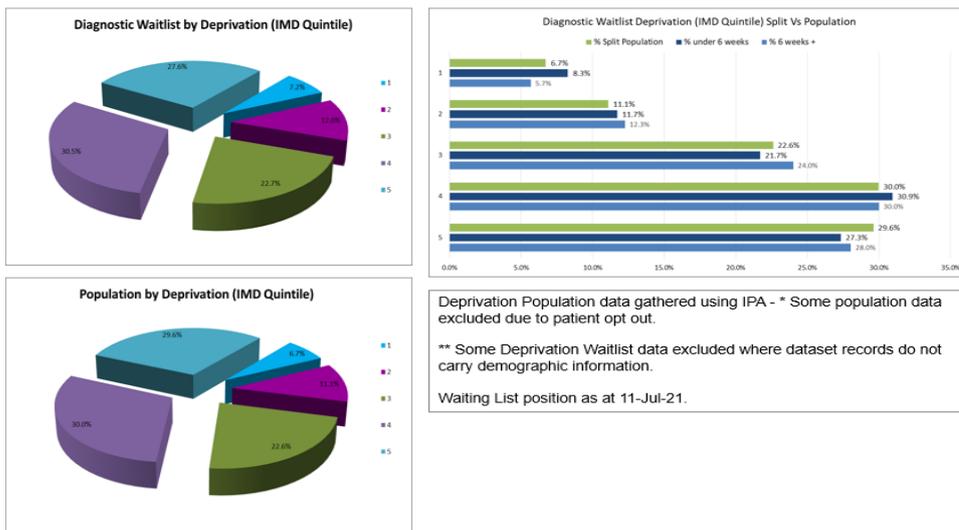
4. One of the key purposes of the national diagnostics programme is to bring care closer to the residents of BSW which will help drive towards the NHS Net Zero ambitions within the Green Plan by reducing carbon emissions from reduced journey time.

Equalities Impact of the Proposal

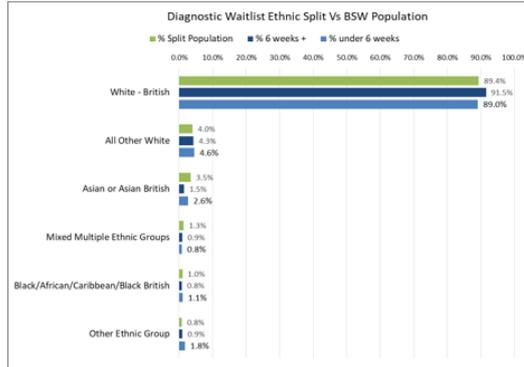
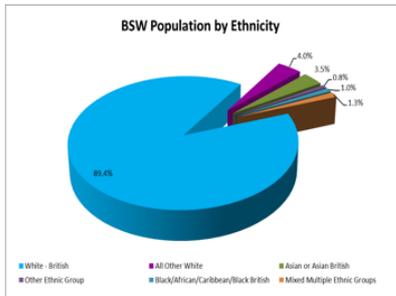
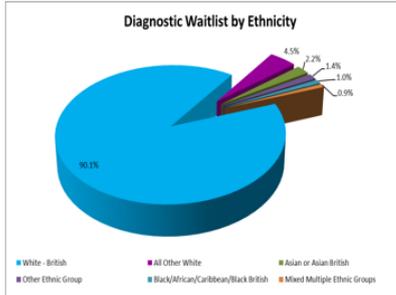
5. The National Diagnostics programme which includes the development of the Community Diagnostic Centres is very focused on the impact on current inequalities within regions and any further investment in the programme will need to demonstrate the positive impact it will make.

At a recent Diagnostic workshop across health partners the following information was reviewed to ensure all future developments within the programme will support the key areas seen across BSW.

Deprivation (IMD Quintile where 1 is most deprived)



Ethnicity

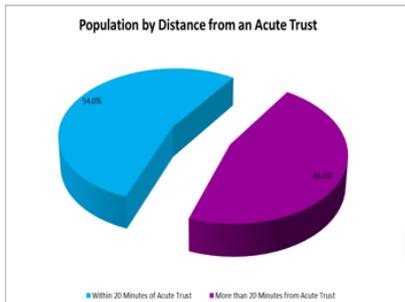
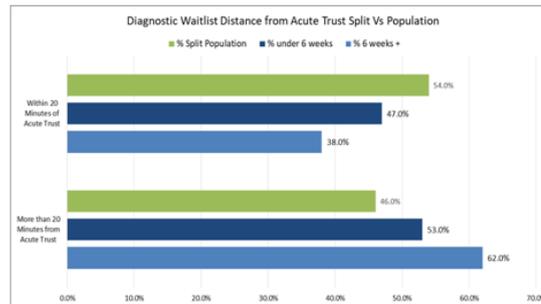
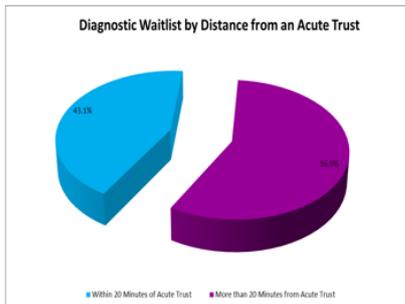


Ethnicity Population data gathered from ONS (Office of National Statistics)

Some Ethnicity Waitlist data excluded where dataset records do not carry demographic information.

Waiting List position as at 11-Jul-21.

Distance from Acute Trust by Car (within 20 minutes)



Distance data gathered using LSOAs (Lower Layer Super Output Areas) via Shape Atlas tool.

Waiting List position as at 11-Jul-21.

Proportionally, patients are less likely to be on a current diagnostic WL when they live within a 20 minute drive time of an acute trust. However, this is partly due to Patients ultimately spending less time on a WL when they live closer to the diagnostic site. The average wait is 8.62 days less for those within 20 mins, and they are proportionally less likely to wait over 6 and 13 weeks.

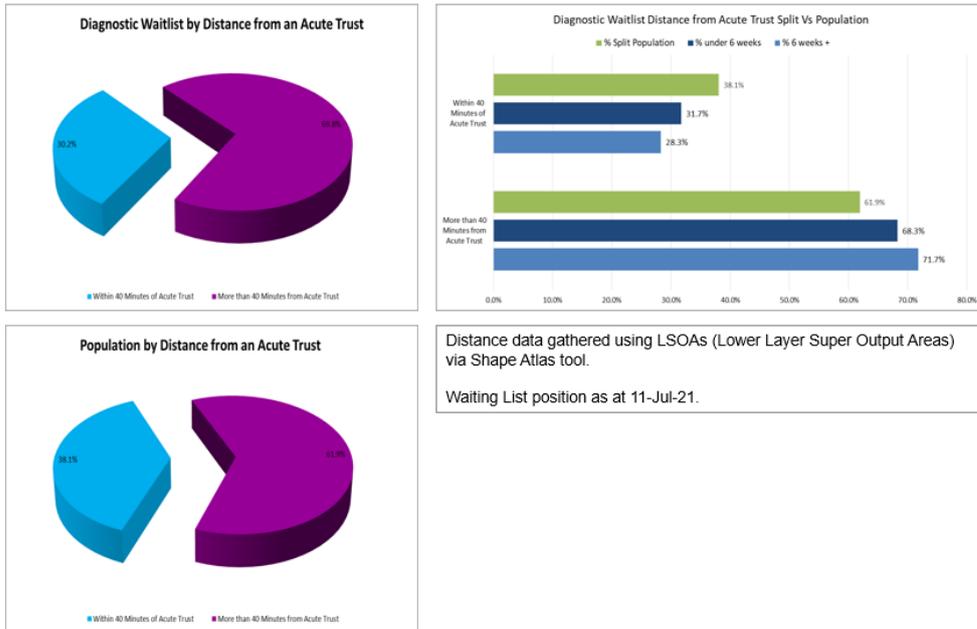
Average Additional Days on WL:

8.62 Days

Additional Proportion Waiting 13 Weeks+:

4.3%

Distance from Acute Trust by Public Transport (within 40 minutes)



Risk Assessment

- No risk assessment is required for this update however each development as it progresses will have their own impact and risk assessment.

Financial Implications

- All funding for this programme of work will be received from the National Programme finance and will be bid for via a business case process.

The funding bids will be either in the form of capital and/or revenue funding.

All funding received from the national programme will come with spending conditions and activity profiles attached – so any underspend will have to be returned to the national programme.

Conclusions

- The paper shared today is for information only regarding the Diagnostics Programme however any questions are welcome.

9. Glossary

Diagnostics	Diagnostics refers to the equipment used in the process of diagnosing a condition or illness based on the symptoms a patient is presenting with.
Endoscopy	This is a procedure in which an instrument is introduced into the body to give a view of its internal parts.
Imaging	This is the process of making a visual representation of something by scanning it with a detector or electromagnetic beam.
CT – Computerised Tomography	This refers to an X-ray image made using a form of tomography in which a computer controls the motion of the X-ray source and detectors, processes the data, and produces the image.
MRI – Magnetic Resonance Imaging	This is a technique for producing images of bodily organs by measuring the response of the atomic nuclei of body tissues to high-frequency radio waves when placed in a strong magnetic field.
Ultrasound	This refers to the sound or other vibrations having an ultrasonic frequency, particularly as used in medical imaging.
Plain Xray – Plain Radiograph	Radiography is the imaging of body structures, or parts of the body, using X-rays. X-rays are a form of radiation (X-radiation) similar to visible light, radio waves and microwaves. ... Plain X-rays are the simplest medical images created through X-radiation
Cardiorespiratory	This term is relating to the action of both heart and lungs.
Pathology	This refers to the science of the causes and effects of diseases, especially the branch of medicine that deals with the laboratory examination of samples of body tissue for diagnostic or forensic purposes.
Phlebotomy	This is the surgical opening or puncture of a vein in order to withdraw blood or to introduce a fluid.
Echocardiography	This refers to the use of ultrasound waves to investigate the action of the heart.
Spirometry	Spirometry is a simple test used to help diagnose and monitor certain lung conditions by measuring how much air you can breathe out in one forced breath.
Oximetry	This refers to pulse oximeters which

	measure blood oxygen levels by transmitting light through a finger.
Physiological Measurements	Physiological measurement deals with the measurements made to assess how well the body functions.
FeNo -	This refers to the process of when you breathe into a machine that measures the level of nitric oxide in your breath, which is a sign of inflammation in your lungs and can therefore be used to aid in the diagnosis of asthma.

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20th December 2021

Background Papers

N/A

Appendices

N/A
