North East London Health & Care Partnership

NEL Community Diagnostic Centres

JOSC Update

December 2021

What is a Community Diagnostic Centre (CDC)?

North East London Health & Care Partnership

- CDCs will be freestanding, digitally connected, multi-diagnostic facilities and can be combined with mobile / temporary units. CDCs should be located separately from main acute hospital facilities, receive referrals from a range of healthcare professionals, book and prepare patients, deliver timely and coordinated testing and:
  - Improve population health
  - Increase diagnostic capacity
  - Improve productivity and efficiency (e.g. by reducing pressure on acute sites) and support integration of primary, secondary and community care
  - Reduce inequalities
  - Improve patient experience (e.g. provide easier and quicker access to tests and greater patient convenience)

- CDCs are designed to contain a range of different modalities of testing. These are likely to include all of the following in at least one location:
  - **Imaging:** CT, MRI, Ultrasound, Plain X-Ray.
  - **Physiological measurement:** Echocardiography (ECHO), Electrocardiogram (ECG), blood pressure monitoring, oximetry spirometry , Fractional exhaled nitric oxide (FeNO), full lung function tests, blood gas analysis via point of care testing and simple field tests (e.g. six min walk test).
  - **Pathology:** phlebotomy, point of care testing, simple biopsies, NT-Pro BNP, urine testing and D-dimer testing
  - **Endoscopy** services including gastroscopy, colonoscopy and flexi sigmoidoscopy

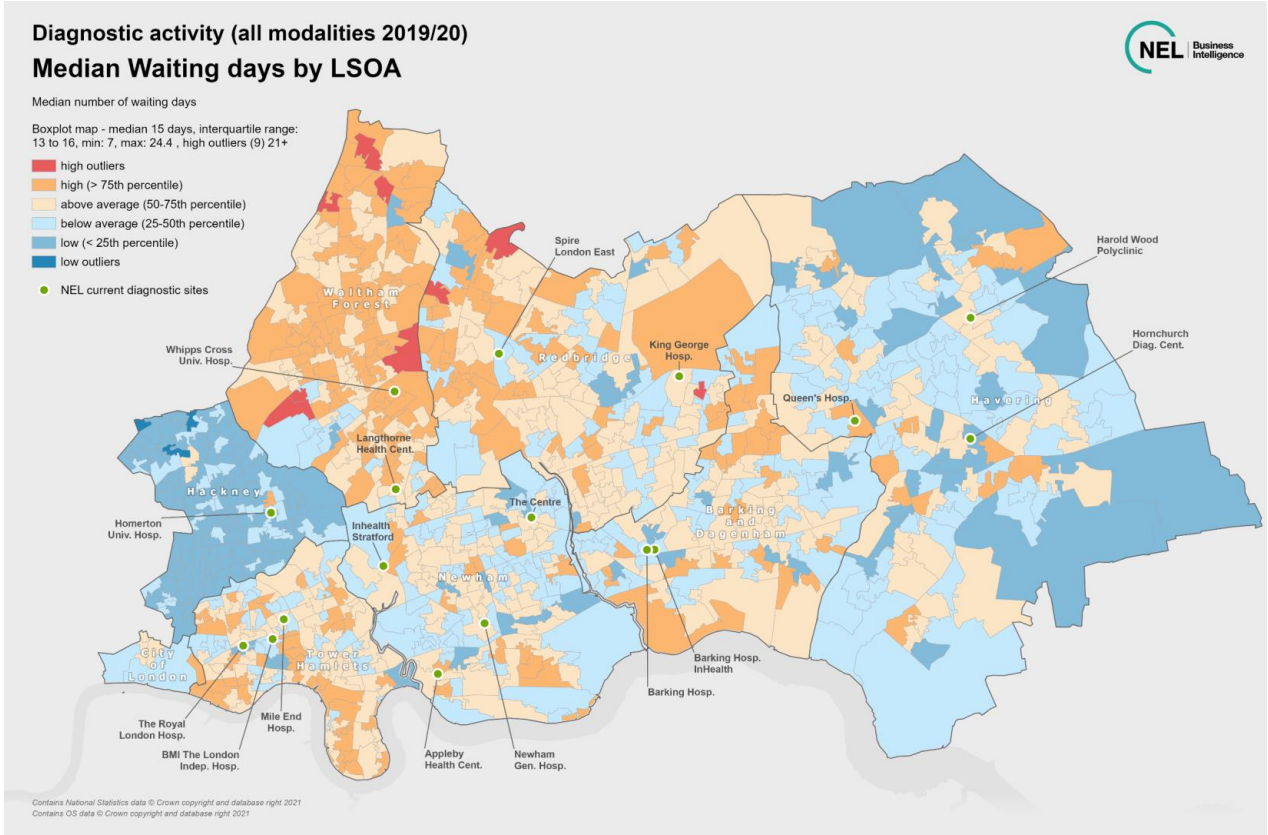
How do we need to adapt to meet future needs?

North East London Health & Care Partnership

- The CDC programme will form part of the overall landscape of diagnostics provision across NEL and is designed to complement existing provision of diagnostics in GP surgeries, acute hospitals and from community diagnostics contracts. It is not intended to replace any of these services.
- Based on demographic forecasts we anticipate that future demand growth for diagnostics is likely to come from:
  - adults over 35, especially those in their 40s and 60s
  - CT and MRI growing at a faster rate than for ultrasound, as well as high growth for a number of lower volume modalities
- We are also expecting more care to be available out of major acute hospitals, being closer to home in more community-based surroundings.
- The CDC programme is designed to meet future NEL-wide growth in demand from demographic and non-demographic factors. Opening around one standard design CDC a year should allow us to expand capacity to meet demand

Analysis to date

- A significant volume of analysis has been undertaken by various teams across NEL, including the financial strategy team, to help us understand the needs and provision across NEL.
- We have done analysis on the levels of wait and the projected growth across different modalities over the coming years which has helped inform.
- As we proceed with firming up an overall strategic business case, we will be ensuring that individual Equality Impact assessments are done for the individual sites, to support the overall system capacity and need analysis.

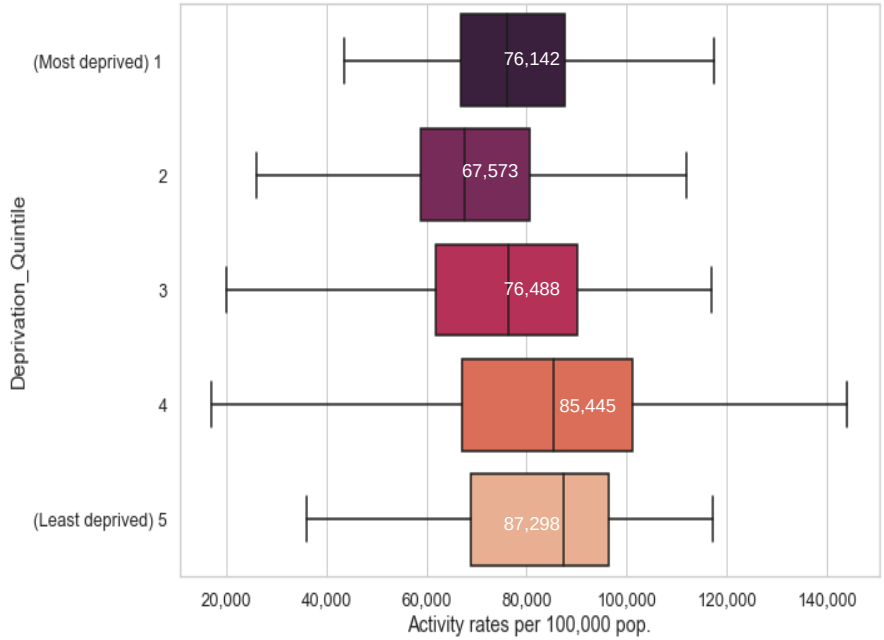


What inequalities do we need to address?

North East London Health & Care Partnership

- Men have significantly lower rates of diagnostic activity than women but similar waiting times
- Living in an area of high deprivation is associated with lower rates of diagnostics activity and longer waiting times. Average wait of around 24 days for most deprived vs around 19 days for least deprived.
- Black and white ethnicities are associated with higher rates of diagnostic activity and white ethnicity is associated with shorter average waiting times. Asian/Asian British – 28 days average wait vs Black/African/Caribbean/Black British – 26 day average wait; and White – 23 days
- Site is a major determinant of waiting times i.e. all else being equal, a person seen at Newham General Hospital will wait eight days longer than a person seen at Queen's or King George Hospital.
- Highest average diagnostic waits (all tests) are in Waltham Forest and Redbridge
- Travel times are longest in the east of Havering, between Queen's and Royal London and in the north of Waltham Forest

Medical imaging activity rates by 100,000 pop with median values by deprivation quantile. NEL CCGs (DID, 2019/20)



Year one and Early Adopters

- We have two sites in which we are building ‘Year one’ capital schemes, Mile End and Barking. Both of these will not be fully online until the end of this financial year, and are expected to grow significantly in scale and offering as they reach their full CDC potential in the coming year.

- These two sites are also running so–called ‘early adopter’ activity. This is additional activity using existing scanners/ systems and is designed to reduce the existing backlog of diagnostic tests across NEL.

- The early adopter activity will likely continue into next year, but we as a programme have a task to ensure that referral routes into the Year one and Year two ‘core’ capacity are opened to primary care.

Future site types

We are currently starting to plan what our future sites will look like. This is being driven by clinical guidance on the best pathways and by an analysis of the needs across NEL. There are three broad types of potential CDC location, which we will be considering as part of our overall design for CDC provision across NEL, to try and get the best balance between range of services and provision close to people's homes.

Acute Adjacent Sites

- Based on or very close to an acute hospital site, to provide access to all emergency support facilities, thus allowing us to offer the widest possible range of diagnostic tests, including endoscopy.
- Will be independent of the acute hospital, with its own front door.

Community NHS Sites

- Based on an existing NHS community site, offering a wide range of services, in locations across NEL.
- Will be independent of other community NHS services on the site, with its own front door.

Commercial and High Street

- Based out 'in the community', in high footfall locations such as high streets and shopping centres.
- Likely to offer the least invasive/ high risk services only, concentrating on modalities such as ECHO, phlebotomy etc.

CDC enablers

North East London Health & Care Partnership

Workforce

Workforce is a key enabler and challenge for the diagnostics landscape at the moment. We are aware that we will need to hire significant numbers of staff, across all bands, without compromising the existing workforce within acute or community settings. We are working with NHS England London to explore how the modality training academies can be enhanced and embedded within the CDCs, to allow us to ‘grow’ a larger workforce over the coming years, but we are aware that further initiatives will still be needed to allow us to resource these centres.

Digital

In order for the CDCs to operate as a seamless system resource, we know we need to improve connectivity and interoperability across secondary care, with primary care to enhance opportunities for direct referrals and eventually potentially with patients. We are working with the NEL chief information officer and team to build a roadmap for digital capability enhancement across the 5 years of the programme that will provide us with these capabilities.

Clinical Pathways

The patient pathways around the system and between primary and secondary care are crucial for the CDCs to be a success. We are working with clinicians across the system to develop a new model of referrals to allow patients and primary care clinicians to easily access diagnostics in one place, before any full referral into secondary care.

Engagement to date

- The programme has engaged broadly with a range of stakeholders to date. Our clinical model is driving the overall plan for provision and is being compiled from submissions and engagement with clinicians across all of our top priority clinical specialities, including clinical networks, where these exist. The CDC Programme Group that leads the programme has representation from primary and secondary care, as well as the NEL team and each of our potential host acute Trusts.

- We also have existing or planned engagement with the following groups, to enhance the quality of our planning:

    - Healthwatch
    - NEL CAG
    - INEL/ ONEL JOSC
    - Patient Advisory Groups
    - NEL Primary Care Steering Group
    - NEL Planned Care Steering Group