

NHS England and NHS Improvement Board meetings held in common

Paper Title:	Diagnostics: Recovery and Renewal
Agenda item:	5 (Public session)
Presented by:	Hugh McCaughey, National Director of Improvement Stephen Powis, National Medical Director for England
Paper type:	For discussion

Summary/recommendation:

The Boards are asked to consider Professor Sir Mike Richards' report: Diagnostics: Recovery and Renewal, which sets out the case for the transformation of NHS diagnostics services, to build capacity and drive productivity in order to meet the rising demand for these critical services.

Background

1. Professor Sir Mike Richards' report: Diagnostics: Recovery and Renewal was commissioned by Simon Stevens as part of NHS Long Term Plan implementation.
2. Diagnostic activity forms part of over 85% of clinical pathways. The NHS spends over £6bn a year on over 100 diagnostic services and with this carries out an estimated 1.5 billion diagnostic tests.
3. The report comes at a time when the centrality of diagnostics to the NHS' ability to deliver patient services has come to the fore like never before. Imaging, pathology and genomic laboratories have played a key role in our response to the COVID-19 pandemic. Diagnostics capacity has emerged as one of the main enablers for restoring patient services as part of the recovery and has been a priority focus of the Adopt and Adapt initiative.
4. As highlighted in the NHS Long Term Plan, diagnostics is also central to delivering many of the key clinical commitments, from improving cancer diagnosis and treatment to early detection and prevention of heart attacks and strokes.

Considerations

5. The last six months has underlined the need to work differently. The improved clinical models envisaged in the report – such as the separation of acute and elective diagnostics – along with additional investment will enhance outcomes for both streams of patients. On acute sites, new clinical models will improve throughput in A&E departments and reduce length of stay by enabling all patients to have scans done on the day of request.
6. The creation of Community Diagnostic Hubs is a core recommendation of the report. These will both relieve the burden on acute hospital sites and provide

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patients with easier access to one stop diagnostic services. Importantly these will support earlier diagnosis for patients with cancer, as well as providing Covid-19 secure facilities.

7. Provision of additional diagnostic equipment capacity at locations away from acute hospitals – and the central procurement of that capacity – is also likely to be more efficient, allowing NHS funds to go further.
8. Investment in growing the diagnostic workforce is an essential enabler to delivering the report. Equally important is adopting innovative ways of making the best use of our current workforce, as well as implementing new staffing models and use of digital tools to support optimal use of the skills and experience of our diverse workforce - as recommended in the report.
9. Digital technology and connectivity is the other essential enabler set out in the report. It highlights the need to complete the implementation of the NHS Long Term Plan commitment to establish imaging and pathology networks, both underpinned by digital infrastructure; as well as making the case for allowing the NHS to benefit from emerging digital technology in diagnostics, including AI. A networked, digital approach – which will be extended to cover endoscopy and cardio-respiratory services – will drive patient care improvement through faster diagnostic turnaround times, will make better use of staff capacity, and make NHS funds go further through improved procurement and a reduction in average cost per test.

Financial Impacts

10. While the pace of transformation will be influenced by capital investment, this should yield major efficiency gains, for example through bulk buying of imaging equipment, workforce and skill mix developments, reduction of installation costs on non-acute sites, reductions in outsourcing of imaging acquisition and reporting and enhanced patient throughput in Community Diagnostic Hubs. In the acute sector there should also be reductions in avoidable overnight admissions and length of stay.

Next Steps

11. NHS England and Improvement has set up a national Diagnostics Programme Board, co-chaired by Professor Stephen Powis, National Medical Director for England, and Hugh McCaughey, National Director of Improvement, to coordinate implementation of this report. The board and its supporting structure allows for joint working across the wide range of national, regional and local partners who are coming together to deliver this work.
12. Some changes can be introduced with immediate effect and are already being incorporated into regional and system recovery plans, including the planning of hub-based diagnostics models in several locations. Detailed implementation plans will be finalised once the Spending Review capital and revenue budget outcome is confirmed, but we envisage a rolling programme of investment in additional and replacement equipment and workforce capacity building measures across the 2021-25 period.