

[Covering Report]

Report for: NW London Joint Health Overview and Scrutiny Committee

Date of meeting:

Wednesday 20 July, 2022

Subject:

North west London acute care programme – Developing new Community Diagnostic Centres

Responsible officer:

TBA

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Section 1 – Summary and Recommendations

Summary

As previously reported to the Committee, new Community Diagnostic Centres are a national initiative to build diagnostic capacity for planned care, based in the community and separated from urgent and emergency pathways. This 'one stop' approach for checks, scans and tests will be more convenient for patients and help to improve outcomes for patients with cancer and other serious conditions.

National funding of £2.3bn has been allocated for developing diagnostic services and a national assurance and business case approval process has been issued for schemes. We are planning to have new community diagnostic centres situated in two areas of north west London where there are significant clusters of deprivation – the area of Hanwell, Southall and Greenford; and the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street in North Westminster. We have worked up plans and obtained business case approvals to progress three new Community Diagnostic Centres in north west London with capital investment starting from 2022/23.

Recommendations:

Members are requested to note the enclosed update and to support the development of further information and engagement activities to ensure the plans reflect and respond to the needs and views of all users in order to build widespread awareness and knowledge of the new Community Diagnostic Centres and maximise their uptake and usage.

North west London acute care programme – Developing new Community Diagnostic Centres

1. The case for change

Even before the pandemic, the case for change in diagnostics services in the NHS was clear. Covid-19 has simply amplified the issue and demonstrated the urgent need for expansion and reform.

We need more physical capacity. England has one of the worst diagnostic equipment to population ratios compared to other OECD countries.







Over the last 5 years, demand for diagnostic services in England has risen significantly. Increased demand has been outstripping increases in diagnostic capacity leading to longer waiting times:

- CT scans: up 6.8 per cent per year
- MRI scans: up 5.6 per cent per year
- Echocardiogram: up 5.7 per cent per year

Diagnostic services in the NHS were already reaching a tipping point and the pandemic has intensified the issue. The need for enhanced infection prevention and control measures, reduced the capacity of existing services and reduced the number of available appointments for diagnostic tests.

The NHS standard for non-urgent diagnostics is a six weeks wait. People should not wait longer than this for a test, but for a growing number patients this target was being missed even before the pandemic.

Several factors have played a part in increasing waiting times and creating a backlog:

REDUCED STAFF CAPACITY		LOWER ATTENDANCE & REFERRALS		INFECTION CONTROL MEASURES	
					
Higher levels of staff sickness, self-isolation and shielding	Staff time being redirected towards the Covid effort	Cancer screening services were mostly paused	People avoiding hospitals/GPs for fear of catching Covid	Reduced capacity to allow for social distancing	The need to deep-clean equipment between patients

The pandemic has also been a real driver for innovation, with changes previously considered too difficult made within weeks – for example, the shift to virtual consultations.

As we seek to tackle the current challenges there is a unique opportunity to develop new models of service delivery, particularly around where and how diagnostics are delivered.

One part of a wider national plan to respond to these challenges is the establishment of Community Diagnostic Centres (sometimes referred to as CDCs).

Community Diagnostic Centres seek to reduce health inequalities, improve accessibility, improve productivity, support integration of care and deliver a more personalised patient experience.

The new Community Diagnostic Centres for north west London would provide additional diagnostic capacity in more locations for the benefit of the entire regional population. The delivery of high-volume, low complexity diagnostics by the Community Diagnostic Centres, will release additional capacity within existing hospital based diagnostic services, enabling increased capacity to support the provision of more urgent diagnostics, such as cancer.

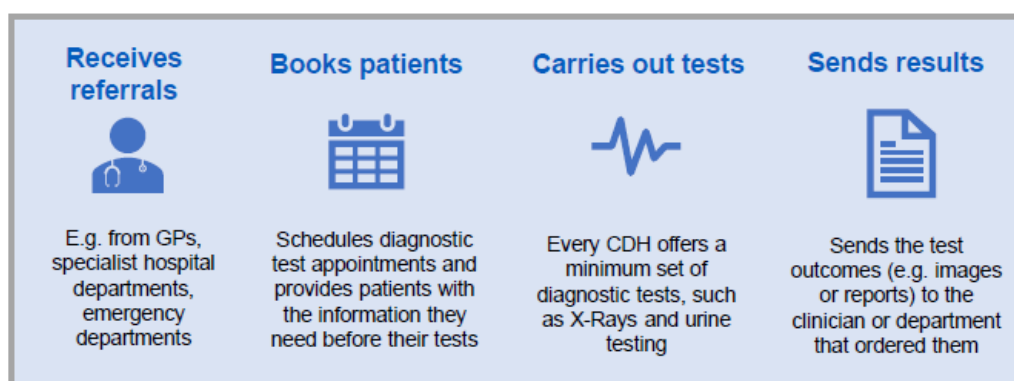
2. What Community Diagnostic Centres aim to achieve

Community Diagnostic Centres aim to expand capacity of diagnostic provision in England by providing a broad range of diagnostic services at additional sites. The sites will likely be located away from hospitals with urgent and emergency services and closer to communities, providing easier access to patients and reducing hospital outpatient attendances.

Six primary aims of the Community Diagnostic Centres programme	
Improve population health outcomes	Reaching earlier, faster and more accurate diagnoses of health conditions.
Increase diagnostic capacity	Investing in new facilities, equipment and training new staff, contributing to recovery from Covid-19 and reducing pressure on acute sites
Improve productivity and efficiency	Streamlining provision of acute and elective diagnostic service, redesigning unnecessary steps, tests or duplication
Contribute to reducing health inequalities	Reducing unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision
Deliver better and more personalised experience	Providing a single point of access to a range of diagnostic services in the community
Support integration of care	Supporting integration of care across primary, community and secondary care

3. What is a Community Diagnostic Centre?

Community Diagnostic Centres are part of a national approach to increasing diagnostic testing capacity by creating new additional facilities all with the same basic functions:



4. What tests will be carried out at a Community Diagnostic Centre?

Again, there is a national approach which recommends which diagnostic tests should be included at a minimum within Community Diagnostic Centres:

	Example tests	Examples of related clinical areas
Imaging	<ul style="list-style-type: none"> • X-Ray • Ultrasound • MRI • CT scan 	Chest infection Liver/kidney damage Slipped disc Lung cancer
Pathology	<ul style="list-style-type: none"> • Blood tests – some of which provide results right away • Urine samples • Simple biopsies (tissue samples) 	Anaemia Diabetes Kidney damage Skin cancer
Functional testing	<ul style="list-style-type: none"> • Heart function tests e.g. electrocardiogram (ECG), echocardiogram (ECHO) • Lung function tests e.g. spirometry 	Heart disease Asthma COPD

These types of tests have been chosen because they are felt to best support the main aims of the Community Diagnostic Centres – and because they are required for many priority clinical areas, such as cancer and cardiovascular health.

5. What do people in London think so far about new Community Diagnostic Centres?

In 2021, the NHS in London organised a two-phase engagement and involvement process to inform the design and delivery of Community Diagnostic Centres in the capital. This process provided an understanding of patient, public and staff expectations on the implementation of Community Diagnostic Centres.

In this two-phase process, experience-based co-design workshops were held with a diverse range of stakeholders, including patients, staff and the public from across London:

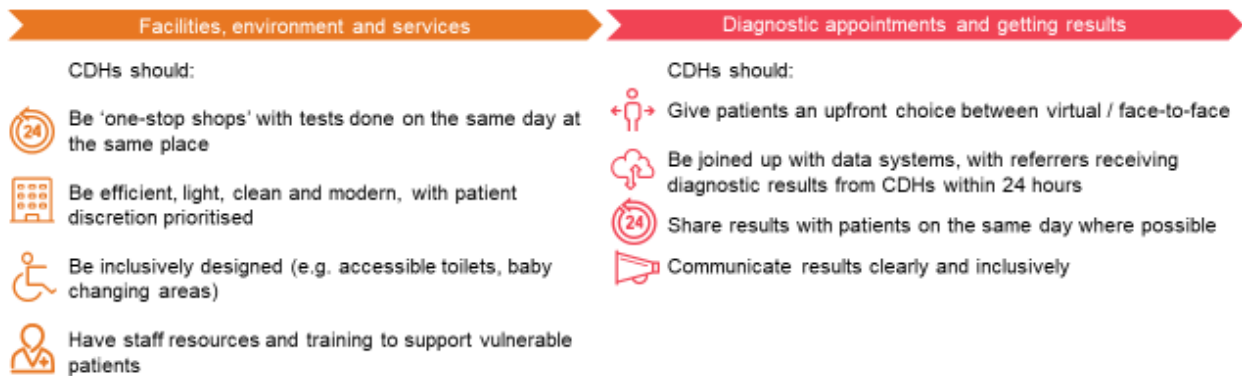
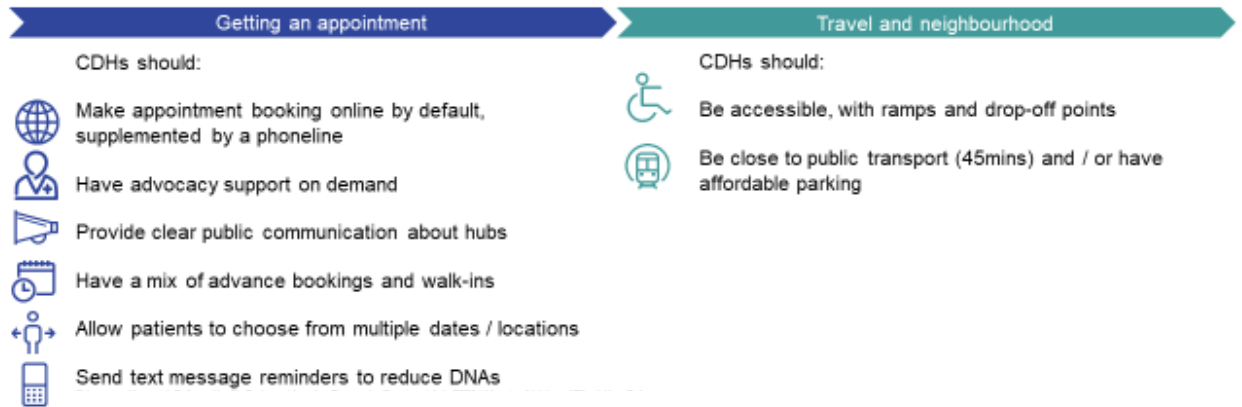
- Phase 1 – public/patient and staff participants were asked for their current views on diagnostic services in London and their feelings about potential new ways of accessing diagnostic services, through workshops and interviews.
- Phase 2 – this brought together a smaller group from Phase 1 across public/patients, diagnostics staff and advocates to co-create principles for the roll-out of Community Diagnostic Centres, with input from clinical experts to provide check and challenge.

Key findings

Cross-cutting themes from Phase 1:





- Staff and patients emphasised the importance of retaining choice of where to work or access services to fit people's different life situations.
- Waiting times were seen as more important than travel time, but patient advocates highlighted the potential adverse impacts on disadvantaged groups if CDHs were harder to access than current services.

Phase 2 design principles (summarised):



Considerations relating to staff working in CDHs

CDHs should:

-  Give staff as much choice as feasibly possible on how much of their time (if at all) they would like to spend working in a CDH.
-  Enhance roles through offering training and professional development opportunities
-  Give staff clear direction on what part(s) of the patient pathway they are responsible for to avoid confusion or duplication of effort with other roles
-  Maintain IT system connectivity with the wider health and care systems

[Note: The abbreviation 'CDH' above has been updated since the co-design workshops were held to 'CDC' for Community Diagnostic Centre]

6. Plan for Community Diagnostic Centres in north west London

As described above, Community Diagnostic Centres are a national NHS initiative to build additional diagnostic capacity for planned care, based in the community and separated from urgent and emergency services in hospitals. These 'one stop shops' for checks, scans and tests are designed to be more convenient and accessible for patients.

The triple aim is to increase diagnostic capacity, improve the health of the entire population of north west London (achieving better outcomes for patients with cancer and other serious conditions) and reduce health inequalities.

National funding of £2.3bn has been allocated for developing diagnostic services and a national assurance and business case approval process has been issued for schemes to deliver new Community Diagnostic Centres.

Over time, it is expected that a large proportion of diagnostic testing in England will take place in Community Diagnostic Centres.

The new Community Diagnostic Centres for north west London will be fully integrated into the existing network of diagnostic services across the region.

For north west London, the central capital funding to create new Community Diagnostic Centres is expected to reach £44.3m over three years from 2022/23 to 2024/25.

Using this central funding we plan to establish three new Community Diagnostic Centres using existing NHS estate and situated in two areas of north west London where there are significant clusters of deprivation:

- the area of Hanwell, Southall and Greenford
- the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen’s Park and Church Street in North Westminster

Residents in these areas are more likely to experience poorer health outcomes.

The plan is to establish three new Community Diagnostic Centres on existing NHS sites in north west London:

- a main ‘Hub’ with a larger facility – located at Ealing Hospital
- and two ‘Spoke’ facilities – one at The Wembley Centre for Health and Care and another at The Willesden Centre for Health and Care (working together to provide the same suite of diagnostic tests as the Ealing ‘Hub’)

An additional 300,000 diagnostic tests per year are planned at the three Community Diagnostic Centres by 2024/25.

Proposed diagnostic tests at three Community Diagnostic Centres in north west London		
Ealing	Imaging	CT MRI Ultrasound Plain X-Ray DEXA
	Physiological Measurement	Electrocardiogram (ECG) including 24 hour and longer tape recordings of heart rhythm monitoring Ambulatory blood pressure monitoring Echocardiography (ECHO) Oximetry Spirometry, including reversibility testing FeNO, (Fraction of exhaled Nitric Oxide) Exhaled carbon monoxide for assessing smoking status Full lung function tests (volumes and gas transfer) Blood gas analysis via POCT Simple Field Tests (e.g. six min walk)

		Issuing of multichannel (>4) equipment for recordings without EEG for home sleep studies
	Pathology	Phlebotomy Point of Care Testing Simple Biopsies NT-Pro BNP Urine testing D-dimer
Willesden	Imaging	Ultrasound Plain X-Ray DEXA
	Physiological Measurement	Electrocardiogram (ECG) including 24 hour and longer tape recordings of heart rhythm monitoring Ambulatory blood pressure monitoring Echocardiography (ECHO) Oximetry Spirometry, including reversibility testing FeNO, (Fraction of exhaled Nitric Oxide) Exhaled carbon monoxide for assessing smoking status Full lung function tests (volumes and gas transfer) Blood gas analysis via POCT Simple Field Tests (e.g. six min walk) Issuing of multichannel (>4) equipment for recordings without EEG for home sleep studies
	Pathology	Phlebotomy Point of Care Testing Simple Biopsies NT-Pro BNP Urine testing D-dimer
Wembley	Imaging	CT MRI

The timeline for the three new Community Diagnostic Centres to be established and operational is based on the programme of works necessary at each of the three existing NHS sites, with anticipated opening dates as follows:

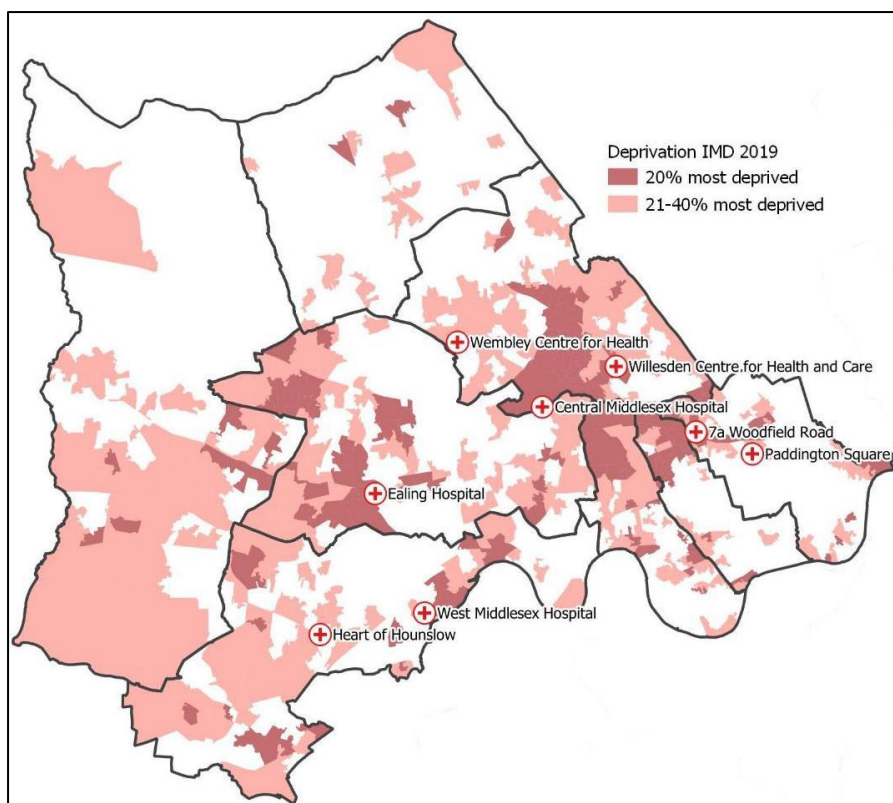
- Willesden – January 2023
- Wembley – October 2023
- Ealing – Phase 1 (Imaging) October 2023 and Phase 2 (Physiological Measurement and Pathology) April 2024

7. Reducing health inequalities and improving access

The three new Community Diagnostic Centres are strategically located in relation to two clusters of deprivation and disadvantaged communities in north west London.

Around 13 per cent of areas in north west London fall into the 20 per cent most deprived nationally. Areas of deprivation have been decreasing over time but remain persistent in two main areas:

- Neasden, Stonebridge, Harlesden, White City, Ladbrooke Grove, Queen's Park and Church Street
- Southall, Hanwell and Greenford



Map of Deprivation across North West London (IMD, 2019)

There are a larger proportion of older people in the 'outer areas' of north west London, particularly in the boroughs of Harrow and Hillingdon. While 'inner' north west London boroughs – Hammersmith & Fulham, Kensington and Chelsea, and Westminster – have a larger proportion of working age adults. This has an impact on decisions around provision and placement of a Community Diagnostic Centre:

- A higher activity of X-Rays, CT and PET scans may be required in the outer boroughs, as provision increases with age for these exams
- However, age is less of a factor for the provision of MRI and Ultrasound, where provision is more level across age groups, so provision will be more universal.

The analysis of diagnostic tests uptake and access across north west London can be summarised as follows:

- X-Ray uptake is lower in some boroughs, however waiting times are comparable to London and England
- Ultrasound uptake in some parts is amongst the lowest in England, and in other parts waiting times are comparably longer
- CT uptake and waiting times are comparable with England
- MRI uptake is lower in some parts, but waiting times are shorter, where uptake is high the waiting times are longer.

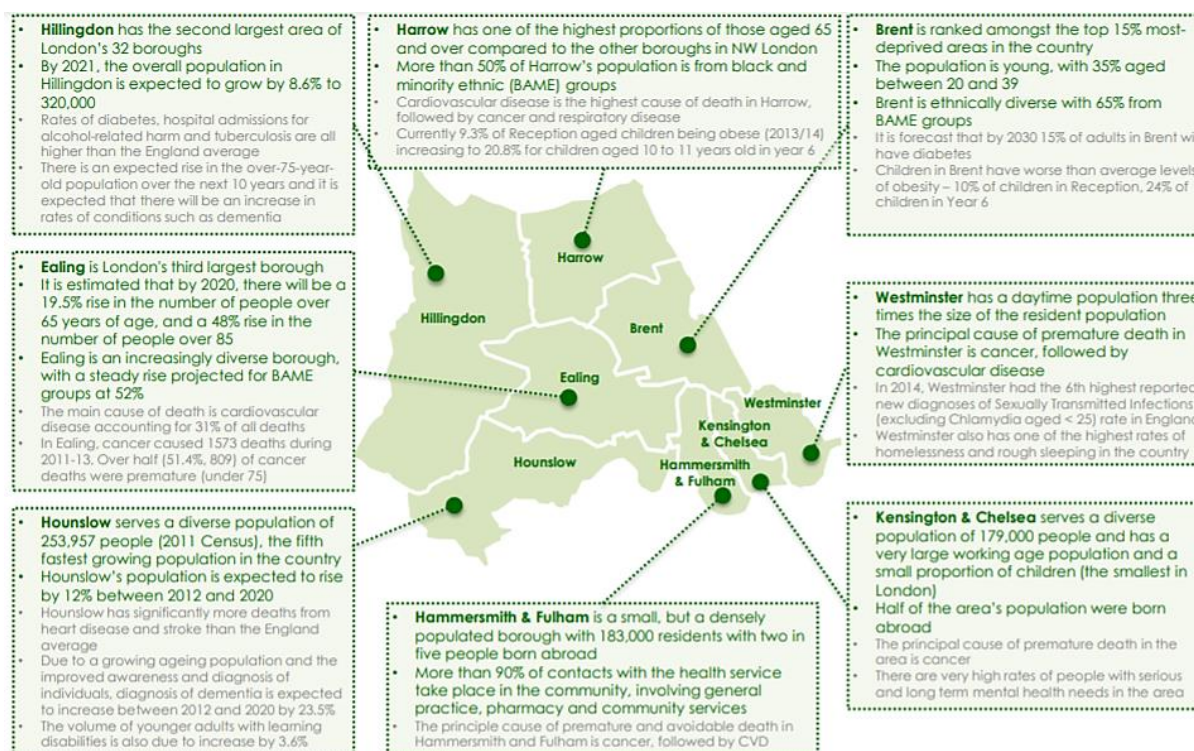
Population health data highlights that cardiovascular disease (heart disease and stroke) is impacting life expectancy, with five of the eight boroughs in north west London having a higher rate of premature death compared to both the London and national average. The boroughs of Brent and Ealing, where the Community Diagnostic Centres are proposed to be located, have the highest rates of the premature death related to cardiovascular disease than all boroughs apart from Hounslow.

While the generally aging population in north west London is likely to lead to increased demand for diagnostic services, the largest impact on future demand is expected to be from new housing developments. For example, the Old Oak Common and Park Royal areas are anticipating significant growth in population in the next 15 years with the arrival of new homes and improved transport links. These areas are currently home to some of the most disadvantaged communities within the region of north west London.

Establishing efficient and effective clinical pathways will provide additional capacity in more locations and improve the overall accessibility of diagnostic services. The new Community Diagnostic Centres will be fully integrated into the network of diagnostic services across north west London and fit with the pathway development work being undertaken across London as a whole.

The north west London Community Diagnostic Centres programme is prioritising the following pathways:

Priority Pathways	
Symptoms of possible cancer	<ul style="list-style-type: none"> Targeted Lung Health Check Programme
Cardiac Symptoms	<ul style="list-style-type: none"> Chest Pain Breathlessness
Respiratory Symptoms	<ul style="list-style-type: none"> Breathlessness Asthma COPD COPD - Emphysema Interstitial Lung Disease
MSK/Neurological Symptoms	<ul style="list-style-type: none"> Spinal conditions (back pain)

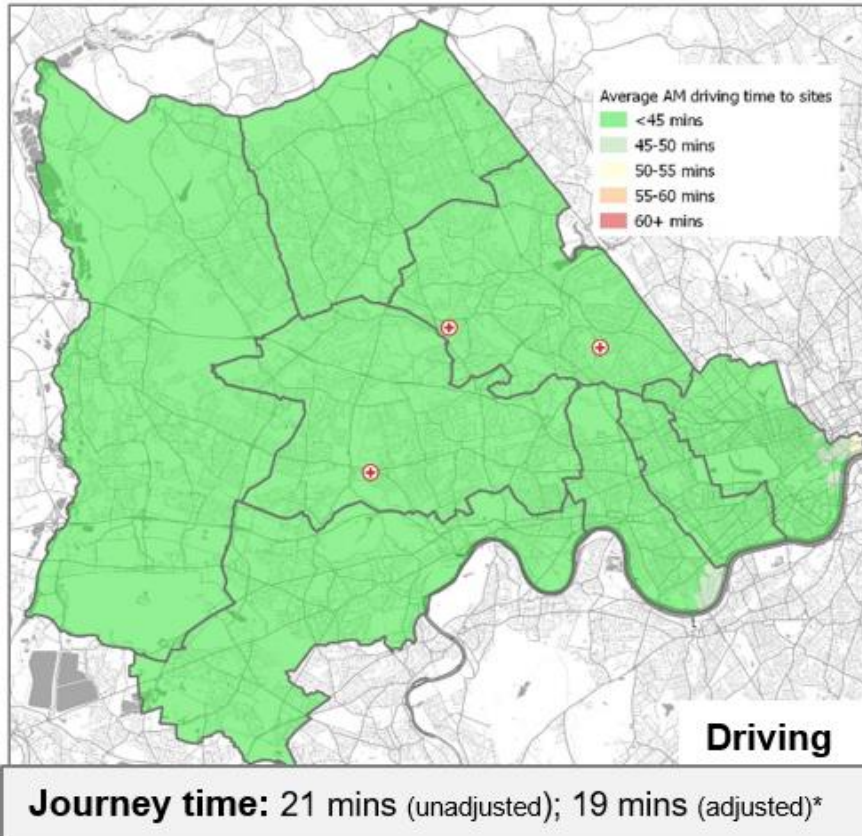


Summary of north west London population characteristics in each local borough

8. Travel times

The locations for the three new Community Diagnostic Centres are also based on the travel times to each site, projected forecast population growth (new housing developments - such as Park Royal and Old Oak Common) and new transport links (HS2 and Crossrail).

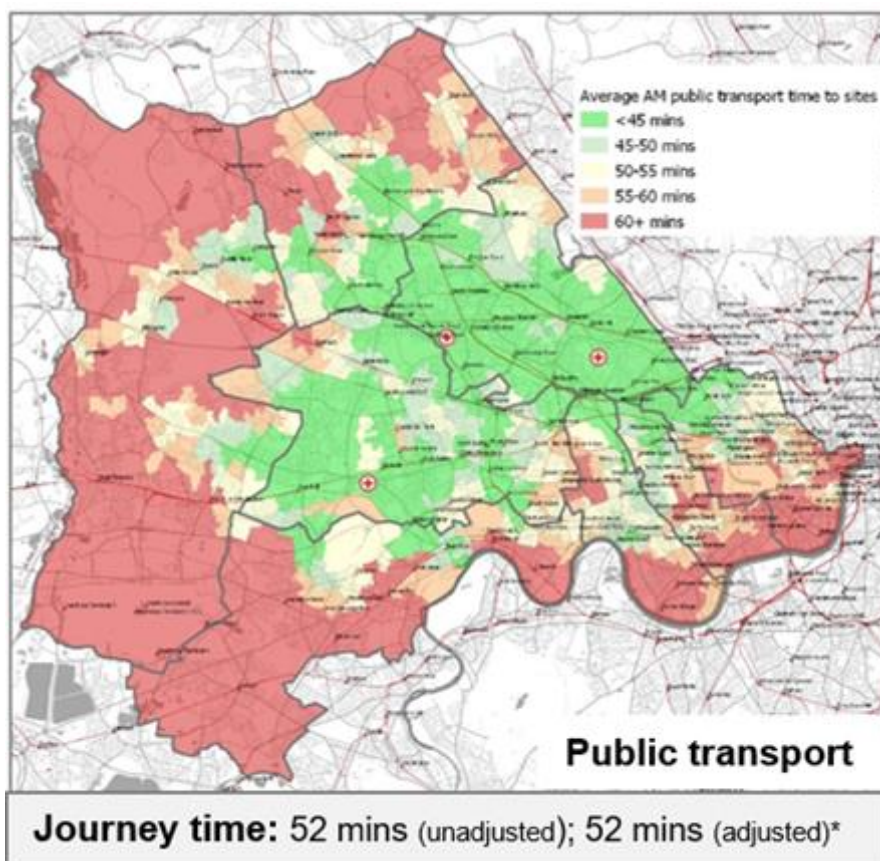
Of the total 2.4m population of north west London, 2,041,294 residents (85 per cent) would be within a 45 minute drive of one of the three new Community Diagnostic Centres.



North west London Driving Travel Times to three new Community Diagnostic Centre Sites

594,362 residents (25 per cent) could access a new Community Diagnostic Centre within a 45 minute journey via public transport.

Locating the three Community Diagnostic Centres at Ealing, Wembley, and Willesden would result in around a third of north west London residents being closer to a new Community Diagnostic Centre than their existing diagnostic testing sites.



North west London Public Transport Travel Times to three Community Diagnostic Centre sites

For the catchment area of 45 minutes travel time to a Community Diagnostic Centre, an average 15 per cent of all residents live within a deprived area.

Placing a Community Diagnostic Centre at Ealing Hospital represents the only viable NHS estate option to serve the cluster of deprivation of Hanwell, Southall, and Greenford. Ealing Hospital is the primary healthcare facility in the area and has the greatest catchment for the overall population and improved accessibility to deprived and disadvantaged communities.

The Community Diagnostic Centres at Willesden Centre for Health and Care and Wembley Centre for Health and Care would work together to serve the deprived and disadvantaged communities of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen's Park and Church Street. The two sites also complement each other – the Wembley site provides the greatest catchment area to the overall population of north west London both by car and public transport – and the Willesden site serves the highest proportion (22 per cent) of deprived residents within its catchment area.

9. Referrals

Patients would be referred to the Community Diagnostic Centres through the centralised referral system for north west London, which receives and processes referrals from primary, community and secondary care. Referral criteria for the agreed diagnostic tests are already in place and the system is already up and running.

Further improvements to the referrals process will be delivered through the introduction of an online healthcare appointment platform.

10. Staff and workforce

The increase in diagnostic capacity through the Community Diagnostic Centres programme requires a substantial increase in the workforce to provide these services. Noting both national and local challenges in the availability of the NHS diagnostic workforce, this remains a significant issue and is likely to mean using new models of working and taking a phased approach to implementation. The introduction of new roles, the clinically effective design of the new facilities and the use of technology to support the effective use of our staff are all examples of how we plan to address this challenge.

11. Digital connectivity

The NHS in north west London recognises the need to improve its digital connectivity and is already working hard to improve its systems.

Digital connectivity is key to successful delivery of each Community Diagnostic Centre particularly in relation to the access and transfer of clinical information and data. Doctors and clinicians across north west London should be able to refer for diagnostics and receive the results.

12. Further information and engagement

As described in section 5 above, initial engagement and involvement in the Community Diagnostic Centres programme was led by NHS London who organised experience-based co-design workshops in 2021 with a diverse range of stakeholders, including patients, staff and the public.

The outputs of this engagement exercise informed our approach and we are now planning to conduct more localised engagement and involvement activities across north west London ahead of the delivery of the three new Community Diagnostic Centres to assist with finalising the designs and operations.

The objective is to ensure the plans reflect and respond to the needs and views of all users in order to build widespread awareness and knowledge of the new Community Diagnostic Centres and maximise their uptake and usage.

The Community Diagnostic Centres programme aims to achieve a range of benefits as outlined in section 2 above:

- Improve population health outcomes
- Increase diagnostic capacity
- Improve productivity and efficiency
- Contribute to reducing health inequalities
- Deliver better and more personalised experience
- Support integration of care

An Equality Health Impact Assessment has been completed for each Community Diagnostic Centre business case which demonstrate there are no adverse impacts identified against any protected characteristic groups – conversely, positive impacts have been identified. Therefore, we anticipate these plans and the benefits we aim to realise will be positively received.