

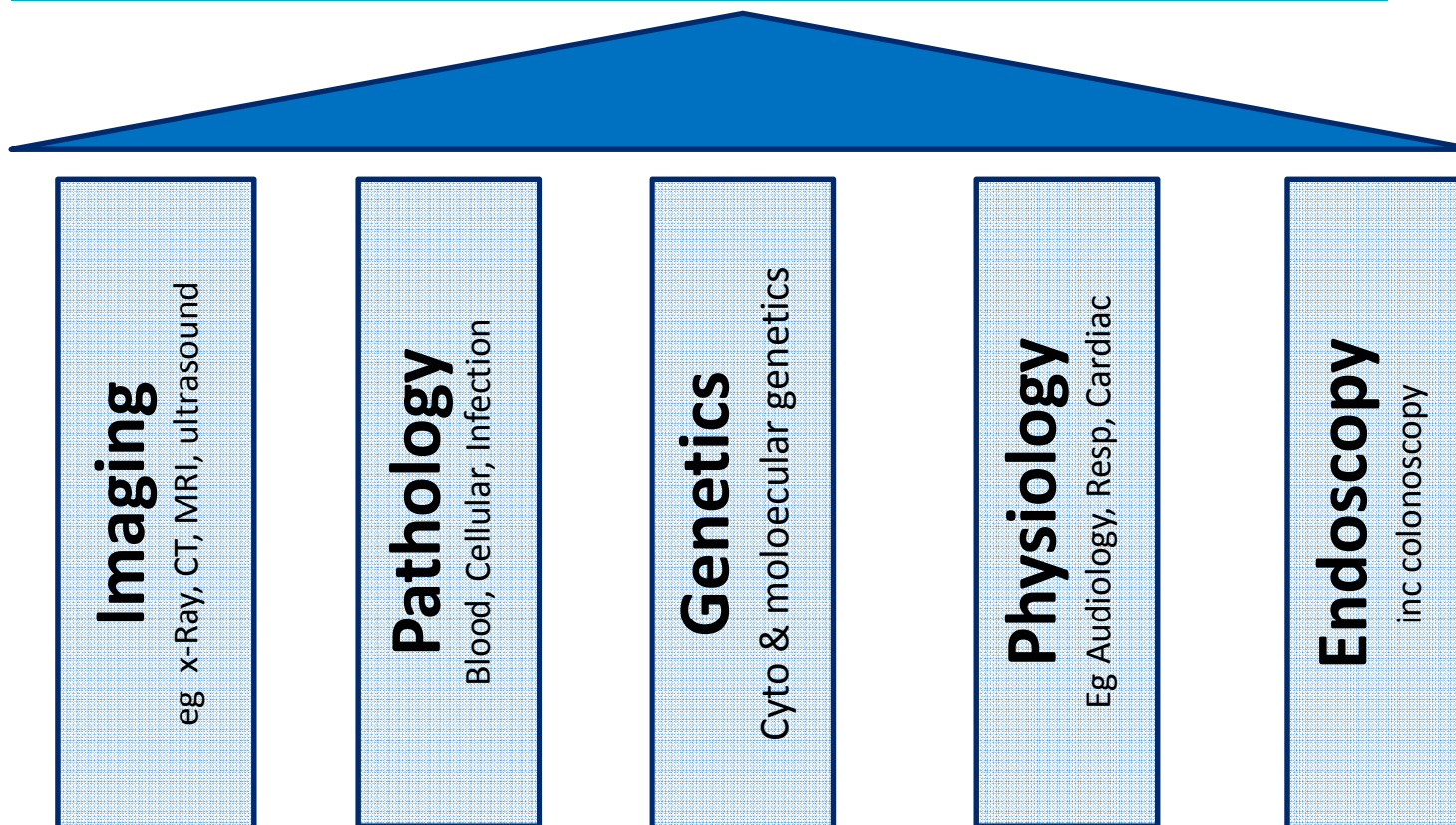
# Diagnosics: The National Agenda

Professor Erika Denton

National Clinical Director for Diagnostics  
NHS England

Oxford October 15<sup>th</sup> 2014

# The five pillars of diagnostics



## **Imaging**

eg x-Ray, CT, MRI, ultrasound

## **Pathology**

Blood, Cellular, Infection

## **Genetics**

Cyto & molecular genetics

## **Physiology**

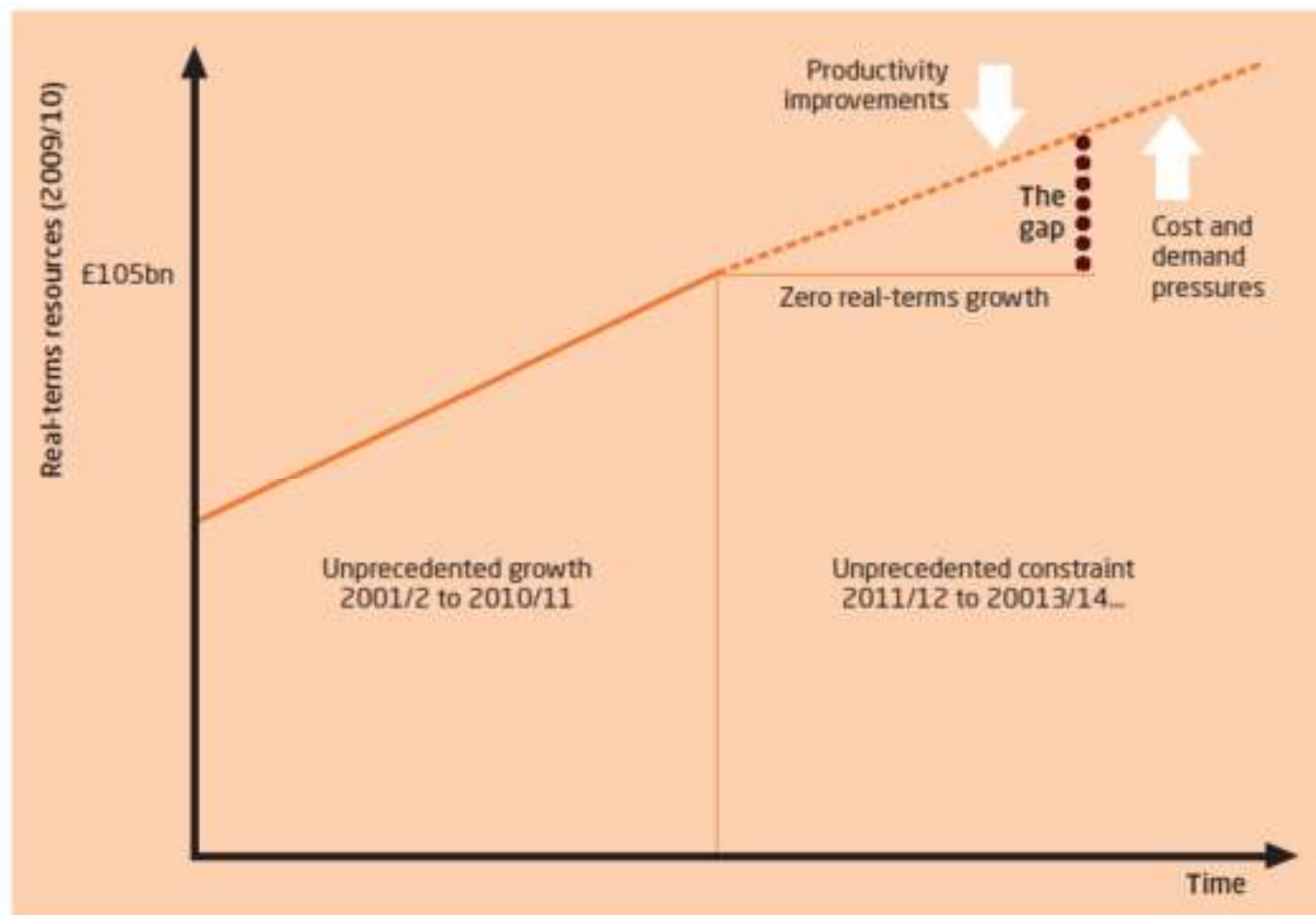
Eg Audiology, Resp, Cardiac

## **Endoscopy**

inc colonoscopy

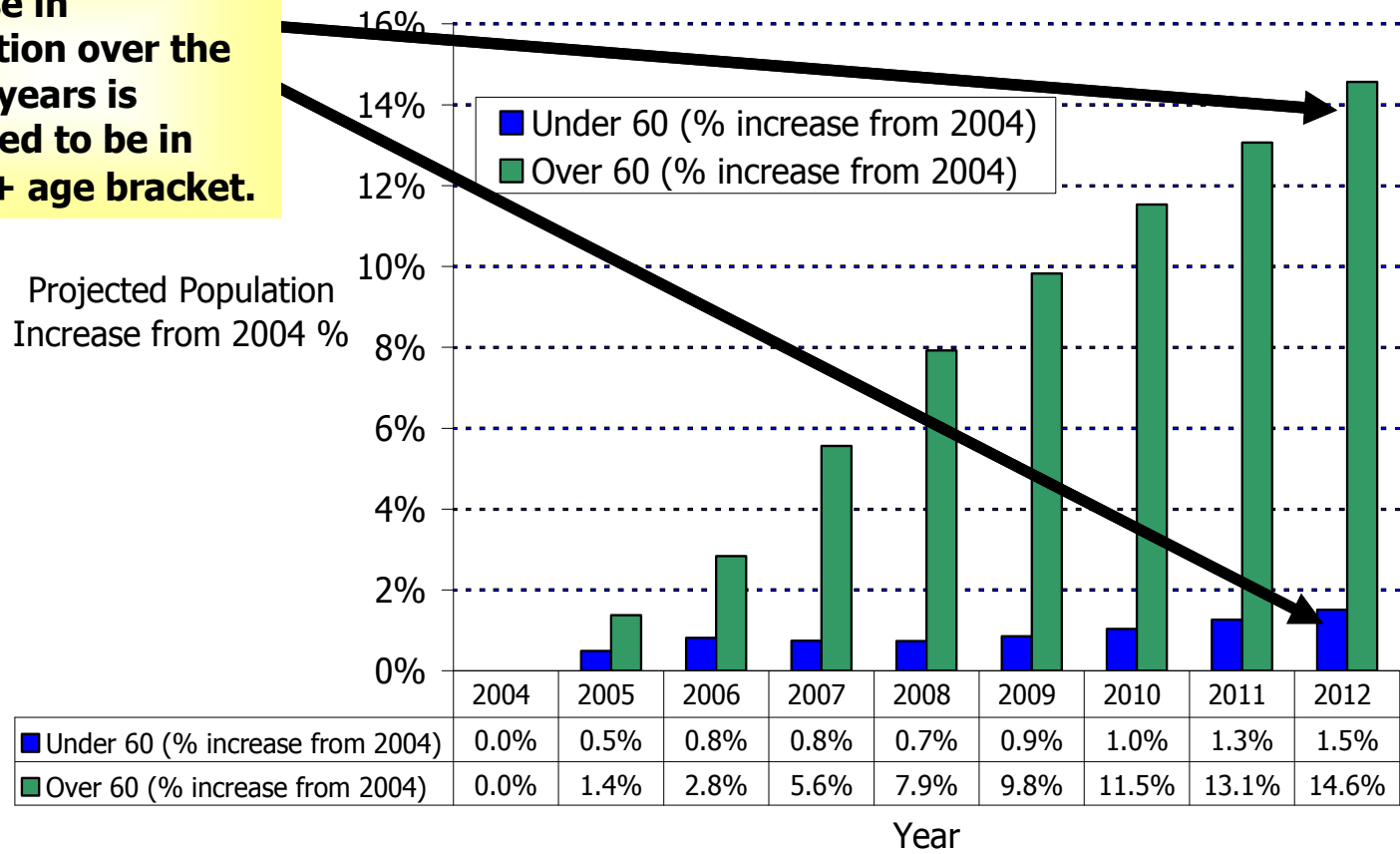
10% of NHS spend, £8 billion  
1 billion tests pa

# The NHS Funding Gap...



# Projected Rate Of Population Growth By Age Last Birthday

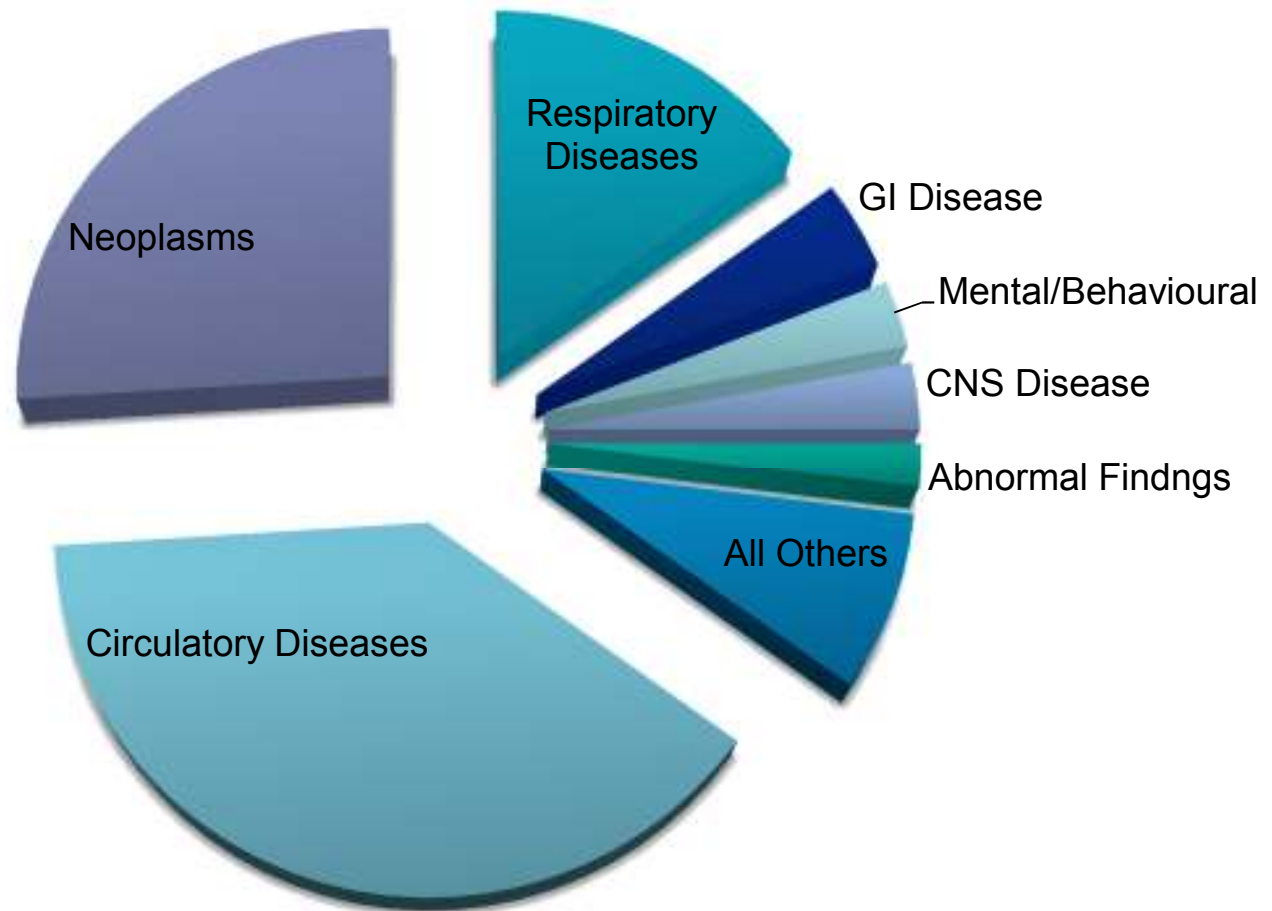
**The vast majority of increase in population over the next 6 years is predicted to be in the 60+ age bracket.**

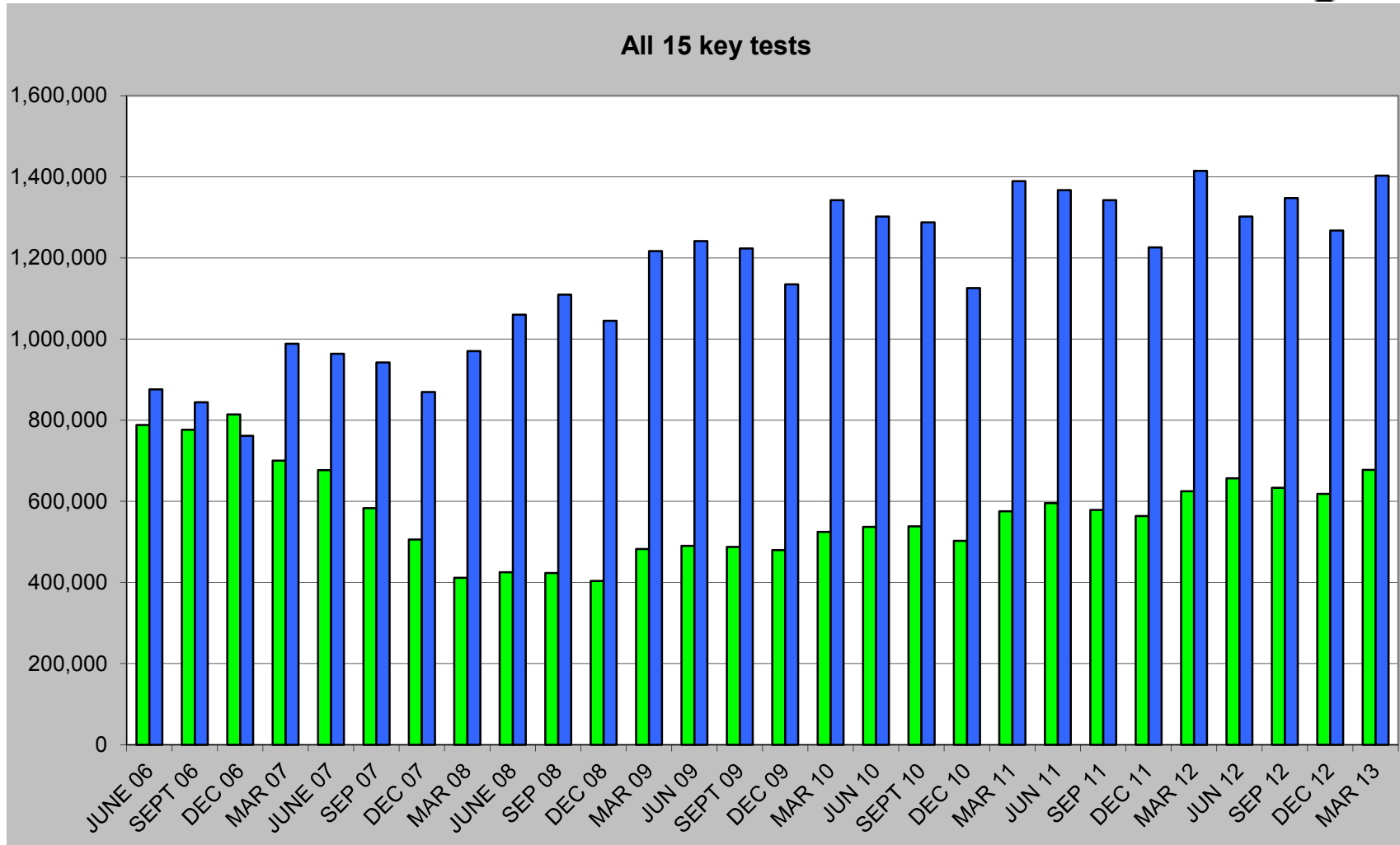


(Source: Government's actuarial department).

## Causes Of Death, over 60s

80% of death of the over 60s attributed to 3 underlying causes





# The NHS Atlas of Variation

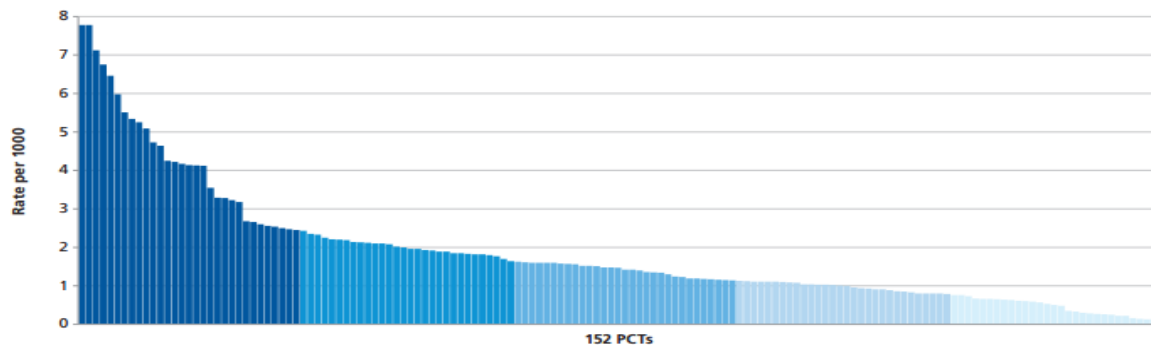


Looking at rate of healthcare interventions undertaken per population

eg. For sleep studies 2010/11

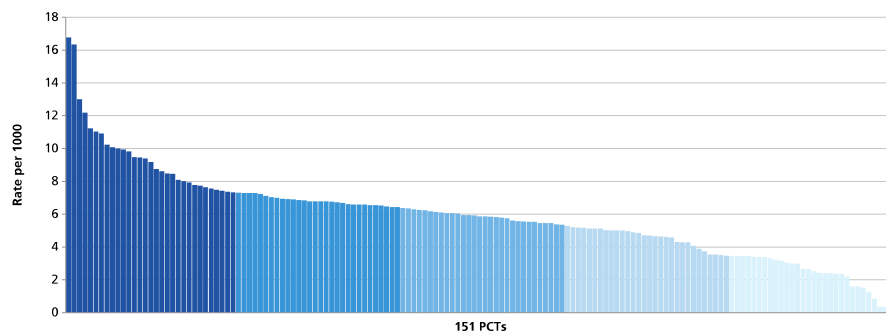
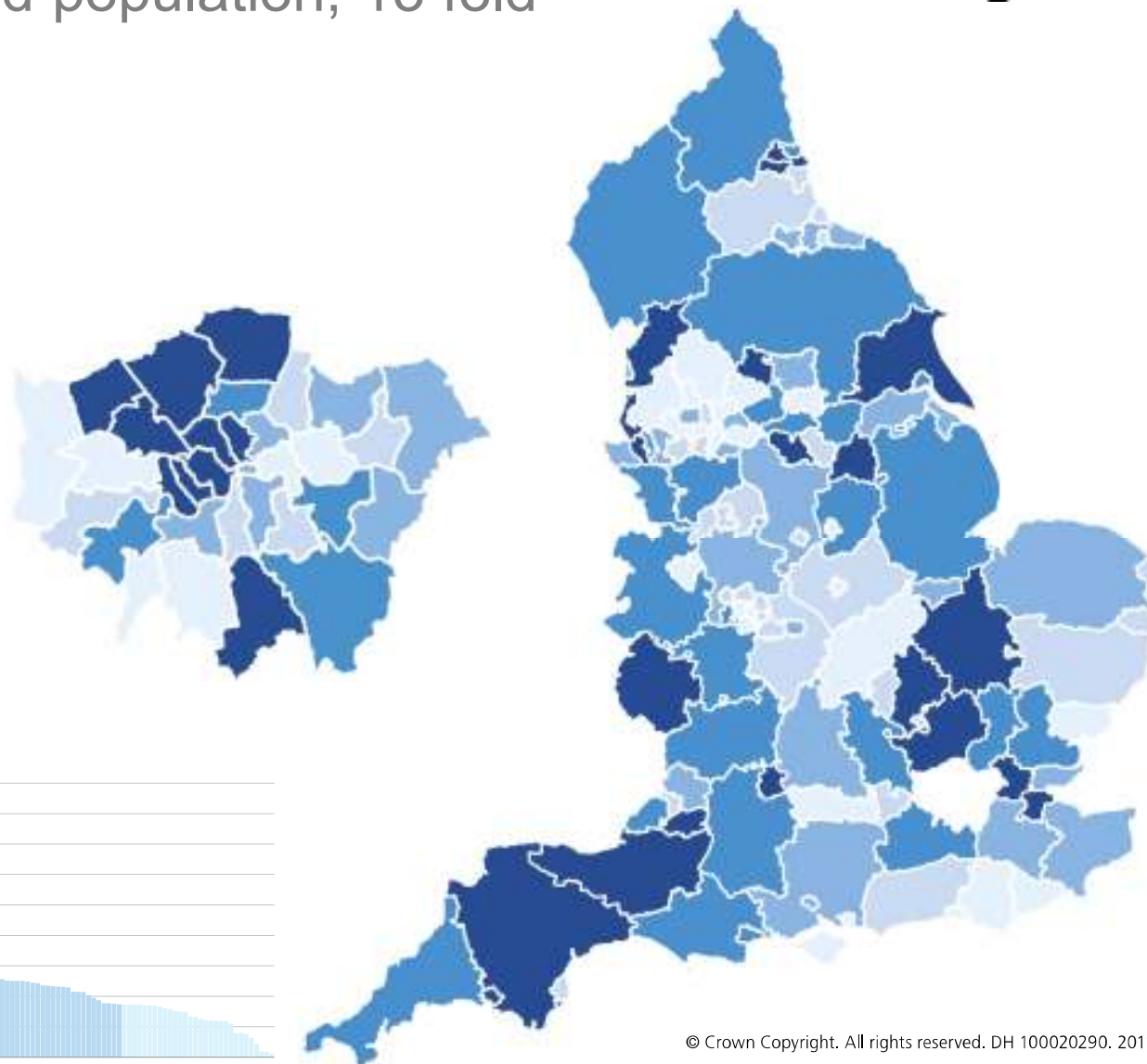
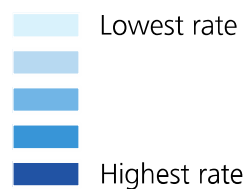
60 fold variation between the highest PCT and lowest PCT  
still a 27-fold variation, when you don't consider the top 5  
and bottom 5 areas

Similar pattern across diagnostic services



# Rate of dual-energy X-ray (DEXA) scan activity per weighted population, 13 fold variation

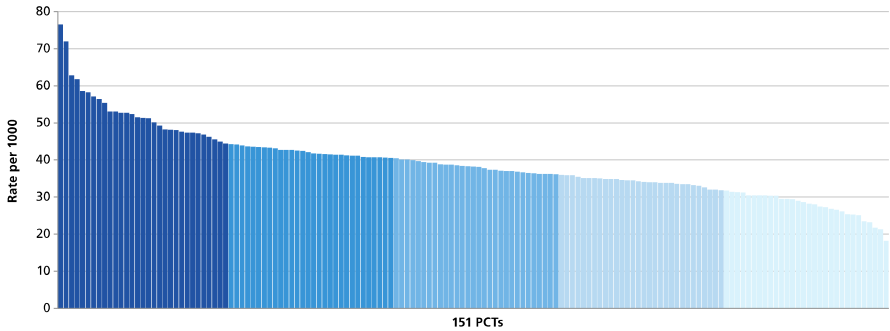
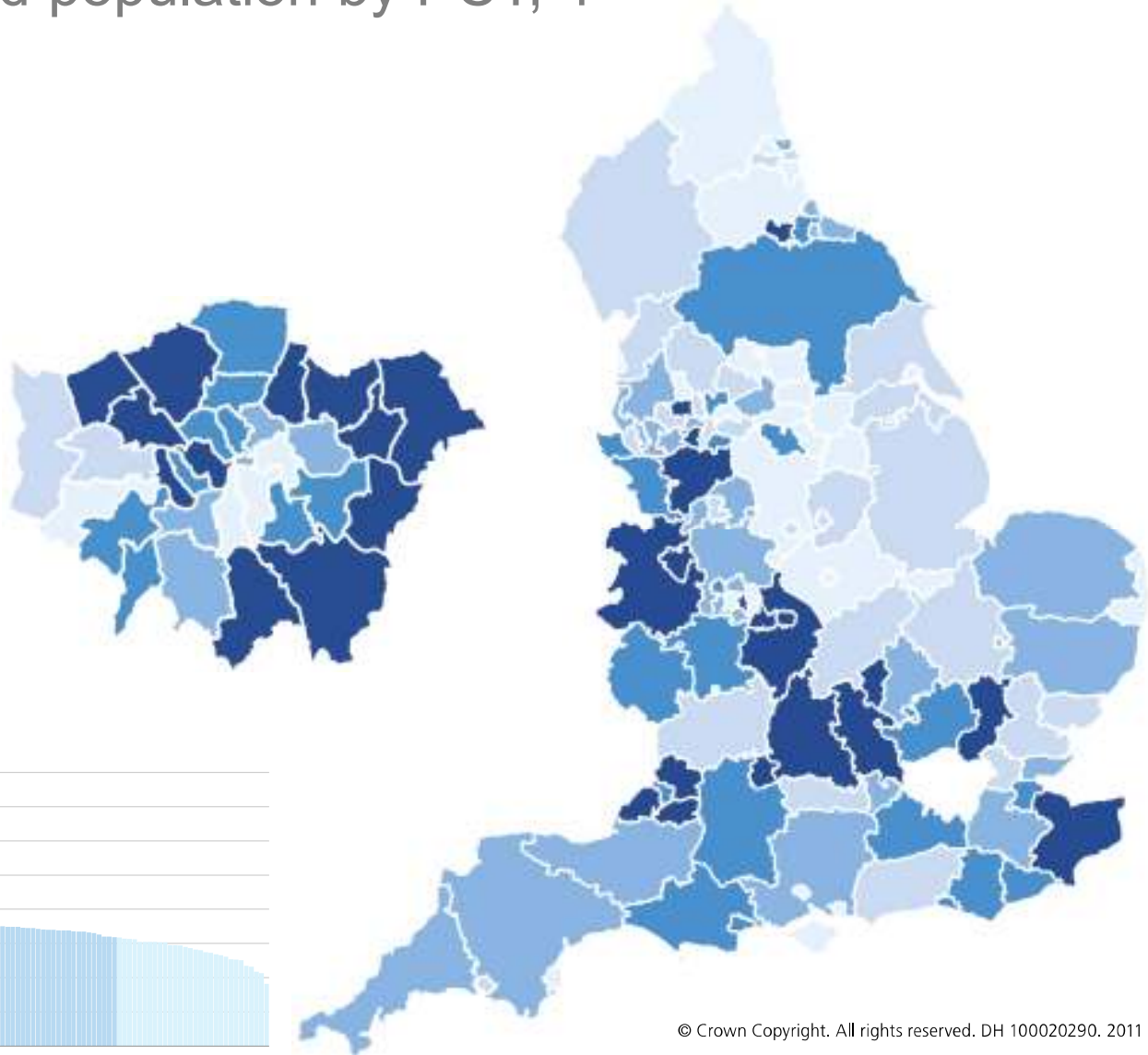
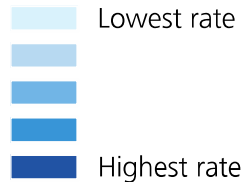
2010/11





# Rate of magnetic resonance imaging (MRI) activity per weighted population by PCT, 4 fold variation

2010/11



## Why do we have a Challenge?

Because the equation...

Demographics + Patient / Public  
Expectations + Quality

---

Money

## Rising to the Challenge?

Demographics + Patient / Public  
Expectations + Quality

---

Money

Solution = transformational change to the  
current way of delivering health care

## 'Old' vs 'New' change methodology

Transactional change:

Doing things better

Transformational change:

Doing better things

‘You can’t solve a problem by using  
the same thinking that created it’

Albert Einstein

**HSJ**

**HSJ** **SUBSCRIBE TODAY**

**HSJ** **HEALTHCARE LEADERS**

Always Action  
Simon Stevens must bring  
clarity to the fussy mess of  
specialist providers

Home | About | Advertise | Commissioning | Innovation and efficiency | Patients and users | In the region | Free for our subscribers

Value of NHS Leadership | Commissioning | Innovation and efficiency | Patients and users | In the region | Free for our subscribers

## Put diagnostic services on the map

22 April 2014 | By Erikka Denton, Sara Hill, Jo Barber, Paul Dore, Steve Rowland



The *NHS Atlas of Variation in Diagnostic Services* has implications across the healthcare system for achieving better value and improving services, writes Erikka Denton and colleagues

The *NHS Atlas of Variation in Diagnostic Services* is the latest in the atlas series produced by NHS Digital. Working at variation in specific areas of healthcare, the atlas series helps cover the role of diagnosis, covering imaging, laboratory, physiological diagnosis, pathology and genetics. As for the first time, some data is available at certain commissioning level too.

Share this



Related articles

- 4th UK 22nd 2014: Nurse training 1000s go under the knife 22 April 2014
- Save of lives - vision for imaging 22 March 2014

**NICE** **ANNUAL CONFERENCE 2014**  
10-14 May 2014 | The UCL, Birmingham



**HSJ**

Best practice

New approach from Yorkshire's radiologists



The cost, what should we be doing?



The best of 2014 so far: Commissioning



The best of 2014 so far: LAMRI



**NHS**  
*England*

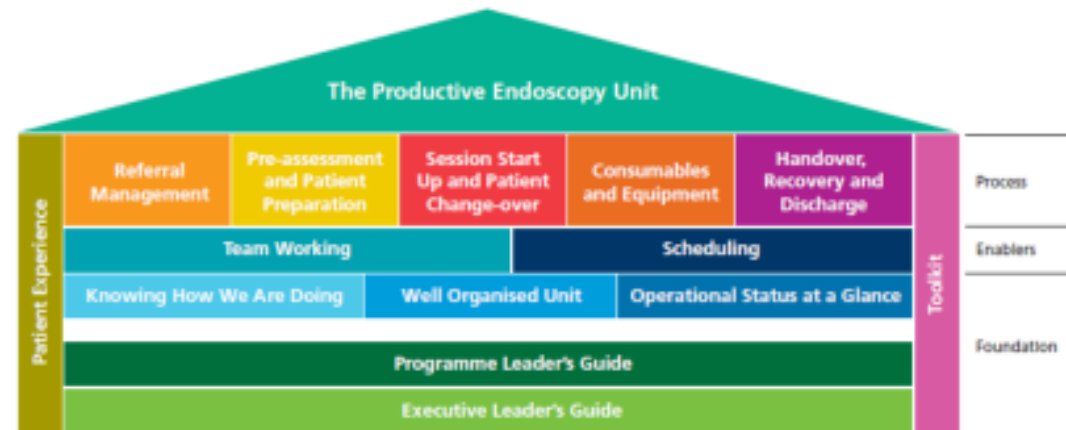
**bsg**  
BRITISH SOCIETY OF  
GASTROENTEROLOGY

## Commissioning evidence-based care for Patients with Gastrointestinal and Liver Disease



### Acute Upper Gastrointestinal Bleeding

An overview of out of hours service provision and equity of access



# AUGIB Survey March 2013

RAG Status

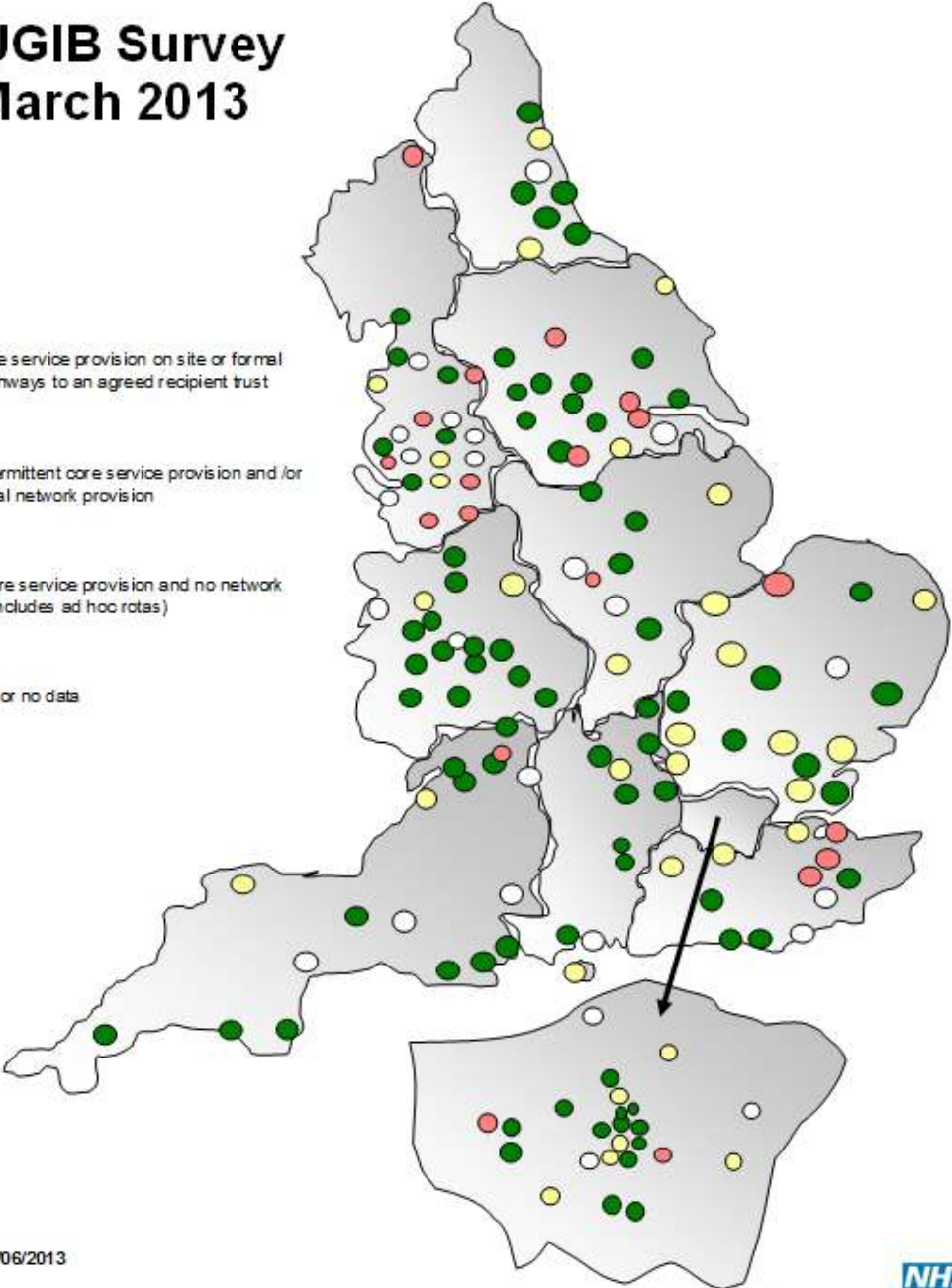
**Key**

Green : Core service provision on site or formal network pathways to an agreed recipient trust

Amber : Intermittent core service provision and /or limited formal network provision

Red : No core service provision and no network pathways (includes ad hoc rotas)

White : N/A or no data



Data as at 17/06/2013

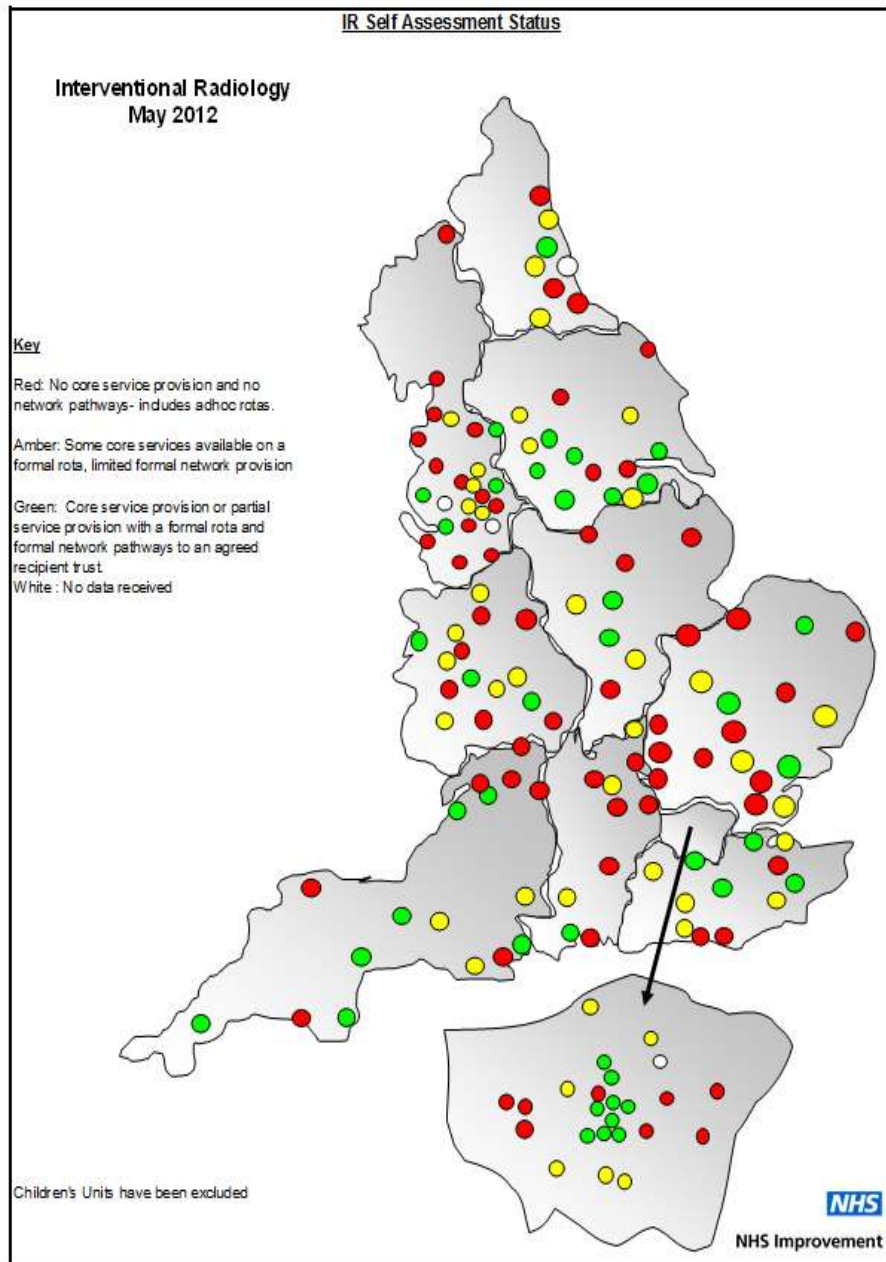
Number of Responses = 132 out of 156.

## Survey of acute service providers

- 132 of 156  
85% responded
- Self reported RAG status of OOH AUGIB service

Green	81	61%
Amber	32	24%
Red	19	14%

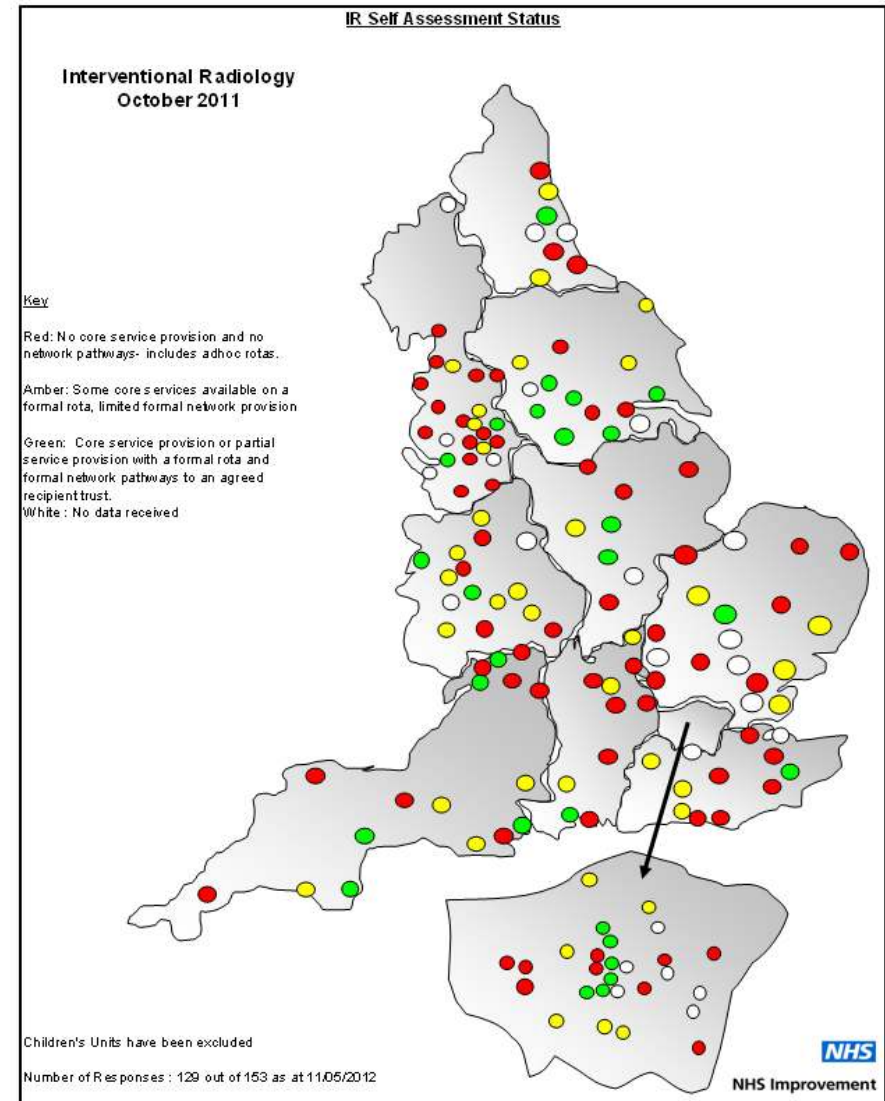




## 2012 Survey



## 2011 Survey



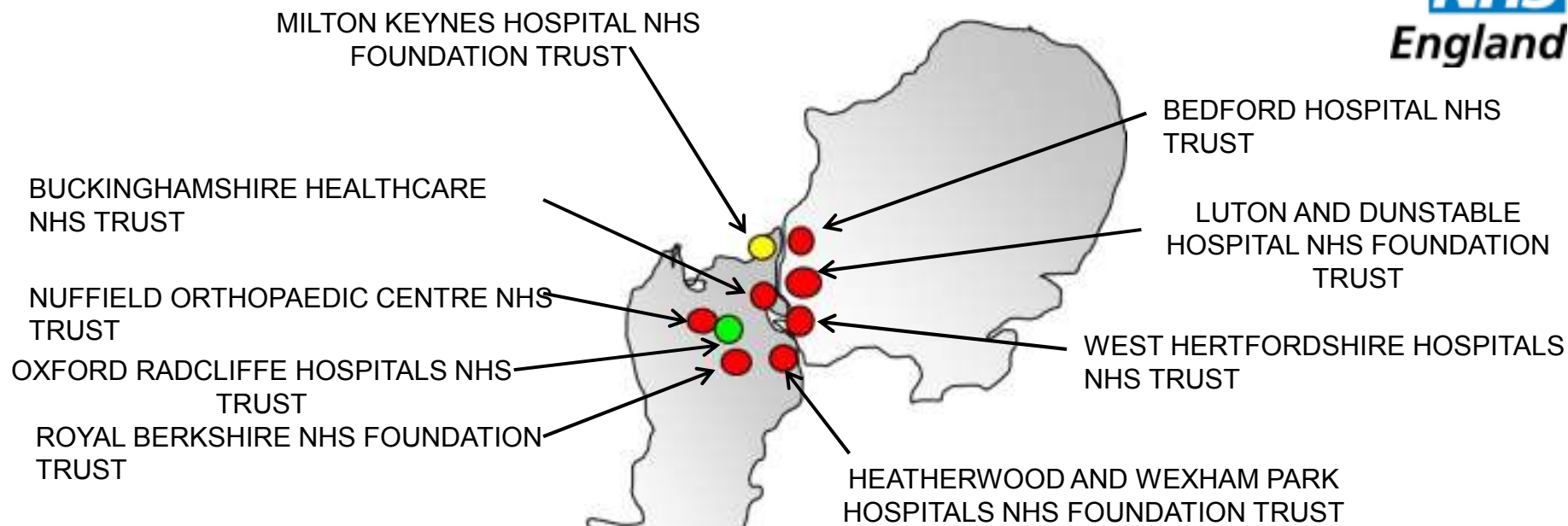
# Two key issues remain

1. Lack of network approaches



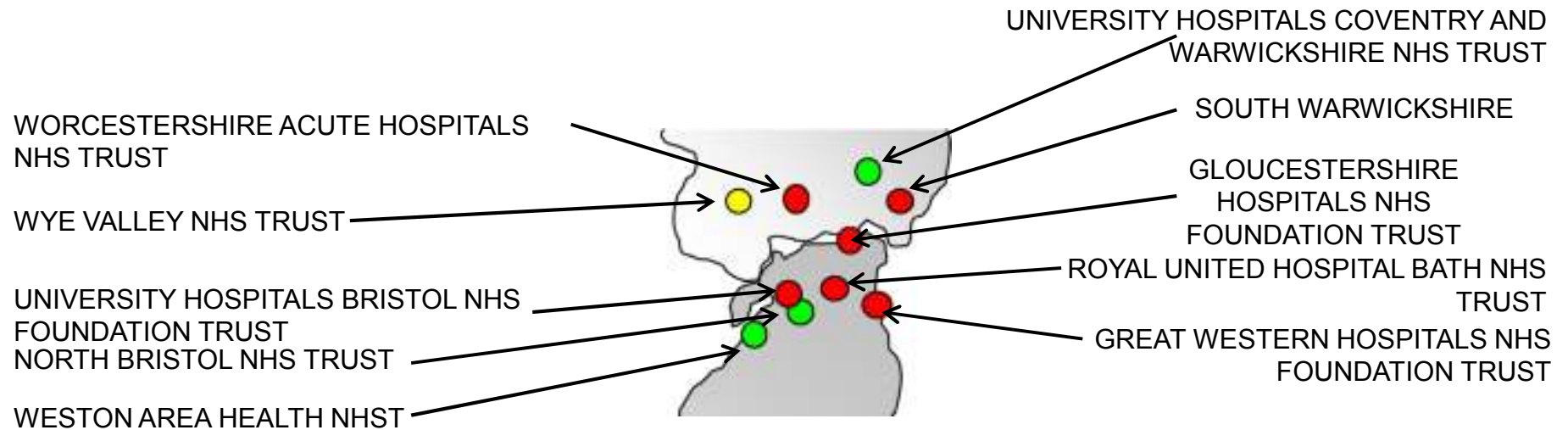
2. Lack of IR Radiologists





	IR Consultant	IR Radiographers	IR Nurses
Nuffield	4	4	7
H Wood & W Pk	5	5	2
W Hearts	2	6	4
R Berks	4	4	9
Bucks health	2	8	3
Bedford	1	5	4
Luton	2	7	2
Oxford	6	7	10
M Keynes	2	2	2
<b>Total</b>	<b>28</b>	<b>48</b>	<b>44</b>

# South West



	IR Consultants/Consultant Radiologists	IR Radiographers	IR Nurses
RUH Bath	3/16	5	4
UH Bristol	7/29	4	3
Gloucester	3/12	4	6
S Warwickshire	4/9	0	0
Great Western Hospitals	3/11	5	4
Worcester	3/14	8	3
Wye Valley	1/8	3	1
Coventry and Warwick	4/25	3	8
North Bristol	6/24	6	12
Weston Area Health	1/6	1	0
<b>Total</b>	<b>35/154</b>	<b>39</b>	<b>41</b>

# Open 24 hours?



# Norfolk & Norwich University Hospital NHS Foundation Trust

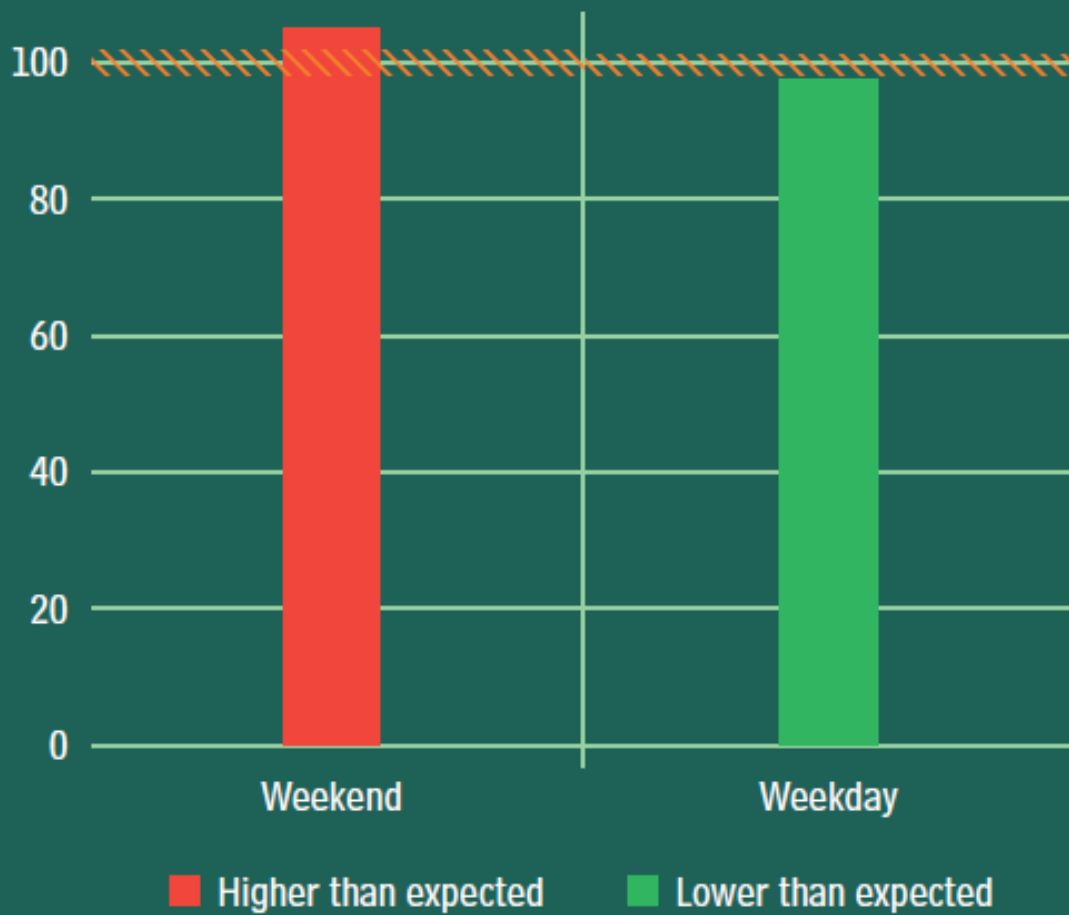


## Why should we change?

- ↓ cost & make best use of resources
- ↑ demand vs capacity
- ↓ length of pathways
- ↓ waiting
- Patients want us to
- Commissioning



## EMERGENCY HSMR 2011/12: WEEKEND VS WEEKDAY





# Clinical Standards for 7day care Diagnostics, standard 5



Hospital inpatients must have scheduled 7-day access to diagnostic services such as x-ray, US, CT, MRI, echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

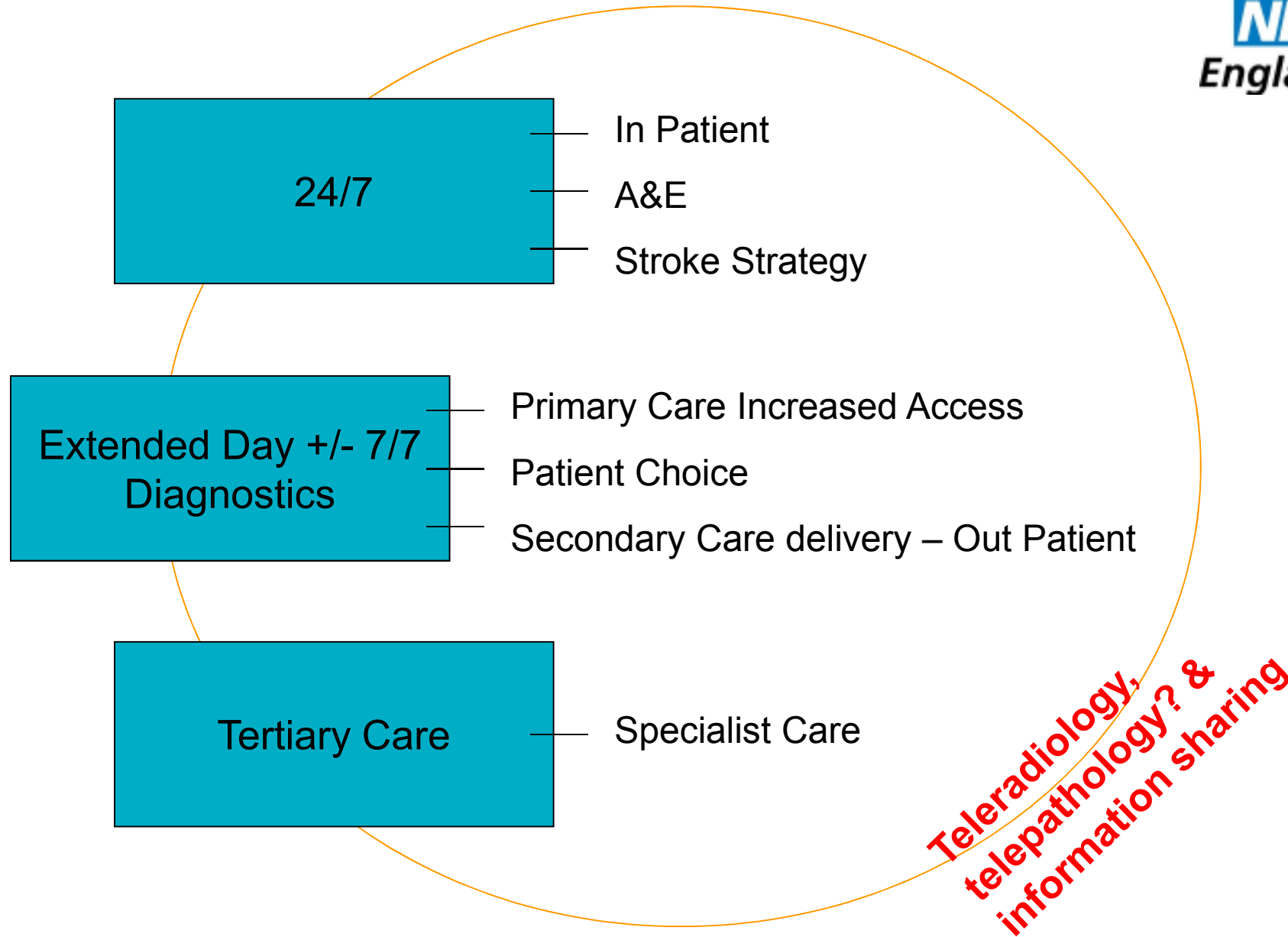
# Intervention / key services

## Standard 6:



- Hospital inpatients must have timely 24 hour access, 7 days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, including:
  - Critical care
  - Interventional radiology
  - Interventional endoscopy
  - Emergency general surgery

# Service delivery model



# Diagnostics: barriers to success & service improvement



- Working across and in the new system
- Finding a voice and being visible
- Everyone thinks they know about diagnostics and everyone does – a bit!
- Working using spheres of influence and contacts without support

# Diagnostics other priorities: 2014-15



- Service accreditation
- Bowel scope screening delivery
- Pathology programme to completion
- Cancer diagnostics work
- Data linkage to patient pathways
- NICE Quality Standard
- Work with AHSNs
- Timely advice on diagnostics across the system inc to specialised commissioning, PHE, HEE etc

“Be ambitious – you can’t  
take two steps over a gap”

David Lloyd George

