

Establishing Community Diagnostic Centres in London: learning from year one





Community Diagnostic Centres (CDCs) are being established as a new service model to meet rising demand and address the growing backlog for diagnostic tests. CDCs aim to deliver a new way of working, build service resilience and deliver direct benefit to patients.

| Project summary

In April 2021, there were 197,454 people waiting for diagnostic tests and procedures in London; 16.7% of these had been waiting over six weeks, breaching NHS targets.

The CDC programme was launched in July 2021 and is central to the system recovery and reset in London. The programme outlines six aims:

- Improve population health outcomes
- Increase diagnostic capacity
- Improve productivity and efficiency
- Reduce health inequalities
- Improve patient experience
- Support integration of care.

Considering the scale, complexity and importance of the programme, we proposed embedding a Learning Health System approach, to generate rapid insights that are able to be acted on by decision makers to inform and adjust the programme and implementation approach as required. Systems were able to interpret national guidance for local delivery and so multiple models were developed. This meant continuous learning about successes and challenges was crucial for effective delivery.

We worked with partners across London to understand whether CDCs were addressing the six aims of the programme, with particular focus on increasing access to diagnostics, reducing healthcare inequalities, and speeding up the diagnostic pathway.

National data collection was focused on activity delivered by CDCs. We co-developed an outcomes framework to help demonstrate how the programme is addressing the aims outlined in the [Richards report](#).

Our Learning Health System activities included: site visits, semi-structured interviews with staff and patients, evaluation feasibility exercises, data analysis and sharing findings with stakeholders.



| Addressing health inequalities

One of the core aims of the national CDC programme is to reduce health inequalities.

We kept this aim at the centre of our learning work in a number of ways:

- Each of the measures in the outcomes framework is viewed through the lenses of ethnicity and deprivation, so systems understand the impact they are having on different groups.
- We explored how systems selected their CDC locations and the extent to which inequalities were considered in these decisions.
- We reviewed the ambitions and perceptions on the CDCs' impact on inequalities; finding that many sites had the will, but didn't have access to data to be able to illustrate this.

A major recommendation of our work is that data systems need to be connected in order to understand who is accessing and benefitting from CDCs, and more importantly who is not engaging in the diagnostic pathway.



“I’ll look back at this as one of the best things I’ve ever done. It’s got real potential. There’s no need to go into hospital for diagnostics.”

CDC lead

| Outcomes

Despite facing huge challenges, CDCs are operational in all areas of London. To achieve the programme's long-term goals, systems need to understand who is and who isn't accessing services, and the reasons for this.

Embedding the CDCs in the wider diagnostic pathway has proven complex in a programme that focuses on capital investment and runs on annual funding cycles. Systems are at varying levels of maturity in terms of integrating services and systems, which would enable them to better manage site capacity, workforce requirements, and patient flow and experience along the full diagnostic pathway.

Have CDCs increased capacity?

Since July 2021, CDCs in London have delivered 411,170 diagnostic tests. On average, London CDCs are delivering diagnostics to the level they planned, at an average of 7,000 tests per month (Nov 2022- Feb 2023). The sites have increased capacity in terms of equipment, however staffing levels remain an issue.

Have CDCs sped up access to diagnostics?

There has been some improvement in the proportion of people waiting over six weeks for diagnostics, reducing from 16.8% to 14.2%. However, it is not possible to attribute this improvement to the CDCs entirely, as other initiatives to reduce waiting times have been implemented.

Have CDCs reduced health inequalities?

Qualitative insights found a clear ambition from stakeholders to address health inequalities. However, the lack of data linking population health insights, disease prevalence, referral rates, patient demographic information, and patient journey through the diagnostic pathway, mean that it is not yet possible to assess the impact CDCs are having on health inequalities.

| Implications for service improvement

The CDC programme attempted to increase access to diagnostics without embedding the centres in the wider pathway. Systems were urgently implementing multiple initiatives to increase access and reduce waiting times simultaneously. Over time, local definitions of CDCs have evolved, and systems risk missing the point of the programme if they look at CDCs in isolation. To improve outcomes, CDCs can have a crucial role, but this must be viewed in the context of the wider pathway.

A particular challenge is the lack of outcomes-focused measurement and a short-term view of success focused on activity levels. Systems need support in bringing together their population health, activity, demographic and outcomes data in order to understand whether they are improving health outcomes and reducing inequalities.

Local systems should have the freedom to focus on what they are trying to accomplish, and define the best way to achieve this.

I Next steps

As the CDC programme moves into its next phase, we recommend focusing on these key areas:

- **Improving data collection** and analysis in order to understand the impact on populations and outcomes.
- **Nesting CDCs in the wider diagnostic pathway** – integrating with primary care and other secondary care services to aid interoperability and reduce workforce pressures.
- Focus activity in the areas with the **highest wait times and capacity pressures**.
- Continue to **evaluate the impact of additional diagnostic capacity** on the outcomes the programme aims to achieve.

Resources

The full learning report can be [read here](#).

Key partners

- Health Innovation Network South London
- Imperial College Health Partners
- NHS England London Region
- North Central London Integrated Care system
- NHS North East London
- South East London Integrated Care System
- South West London Integrated Care System
- North West London Integrated Care System

This project was undertaken by UCLPartners and National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) North Thames with funding from the Accelerated Access Collaborative at NHS England, and support from the NIHR.

The views expressed in this report are those of the authors and not necessarily those of NHS England, the National Institute for Health and Care Research, or the Department of Health and Social Care.



More information

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Care settings

- ✓ STP/ICS ✓ Acute trusts - outpatients
- ✓ Primary Care ✓ Community

Clinical areas

- ✓ Cancer ✓ Cardiovascular disease ✓ Ear nose and throat
- ✓ Gastroenterology ✓ Ophthalmology
- ✓ Respiratory disorders ✓ Urology

Cross-cutting themes

- ✓ Quality improvement and culture ✓ Health inequalities
- ✓ Workforce

Solution themes

- ✓ Diagnosis

Innovation types

- ✓ Service

Innovation status

- ✓ Roll-out