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Delivering Effective Services

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Delivering Diagnostic Services in the Community

Some Issues for Commissioners

When planning diagnostic services within the community Commissioners will find it helpful to consider the following issues (from the STEPPED-UP framework):

Skills – What specialist skills are required? How widely must they be spread? How easily will they be sustained?

Training – How will specialist skills be acquired? Is training provision available locally, regionally, nationally?

Equipment – Under what arrangements will equipment be acquired, maintained and retained?

Premises – Do equipment, consumables and staff require specific and/or additional accommodation?

Public perspectives – Is there public support for the relocation of diagnostic provision?

Economics – What is the cost effectiveness case for the technology? Is data on costs available?

Drivers – How does the proposed shift in delivery fit within current and proposed NHS policy and professional trends?

User perspectives – How do health professionals, current and potential patients and their relatives view the proposed changes in service delivery?

Primary-secondary interface – What are the implications of proposed changes for local patterns of referral? Could there be unintended consequences from the change in service delivery?

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Our mapping review examined the logistics of delivering 13 primary care diagnostic services [audiology, cardiac services, diabetic services, endoscopy, genetic testing, laboratory tests, magnetic resonance imaging, point-of-care (POC) testing, radiology/X-ray, respiratory tests and ultrasound]. We found:

Skills – Several imaging technologies require advanced professional skills to achieve a standard comparable to that provided in secondary care. Poor performance in primary care may impact on inappropriate referrals and a high proportion of repeat scans/tests.

Training – Modalities requiring a high level of skills (as above) hold significant training requirements. Outside of the GP with Specialist Interest model the requirements of time and patterns of course delivery may limit provision of some community diagnostics

Equipment – While requirements for some equipment (e.g. point of care tests and portable ultrasound) may be sustainable the acquisition of other equipment (e.g. radiology and magnetic resonance imaging) may require leasing, private financing or co-operative arrangements.

Premises – Existing premises may not accommodate expanded or extended use. Size and zoning of premises must be considered, for equipment and consumables. Mobile or cabin premises have been explored. Health and safety considerations are important.

Public perspectives – Community diagnostic provision may be facilitated where there is strong public support, in principle and in material terms, for local facilities. This topic lay outside our review scope and requires local exploration

Economics: Although not a focus for our logistics review an accompanying exemplar review on community ultrasound services found that cost-effectiveness of community-based services is a major area of uncertainty. In particular data from UK cost studies was lacking. A potential role may exist for locally sourced data.

Drivers – Current trends in locating services closer to the community are supported by the *Five Year Forward View* with its vision of new models of care. Community diagnostics are compatible with multiple policy documents and service initiatives produced over recent years.

User Perspectives – Patients often welcome initiatives to locate diagnostic services closer to their homes with the prospect of more timely intervention. However, little evidence exists on the extent to which such aspirations are realised. It is important to examine impacts along the entire service pathway

Primary–secondary interface – Decisions on reconfiguration of services must consider the entire service pathway as changes may simply transfer costs between cost centres or may produce unintended consequences in terms of higher referral rates, repeat rates or reduced accuracy. A further complementary review examined evidence along a diagnostic pathway for breathlessness.

What we did: Using a systematic mapping approach, standardised across all 13 topics, we identified and mapped findings from key items of literature (2000-2015). Searches used PubMed Clinical Queries and Special Queries and The Cochrane Library. The King's Fund Centre Library database was searched for UK evidence. Examination of full text and follow-up of references was used to populate the framework for each topic.

Information in this Briefing is extracted from: Chambers D, Booth A, Baxter SK, et al. Evidence for models of diagnostic service provision in the community: literature mapping exercise and focused rapid reviews. Southampton (UK): NIHR Journals Library; 2016 Dec. (Health Services and Delivery Research, No. 4.35.) Chapter 4, Logistics of diagnostic modalities in primary care: a framework map and synthesis. https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr04350/#/abstract