Community diagnostic centres: bringing diagnostics closer to home

BACKGROUND
In October 2021, NHS England announced the creation of 40 new community diagnostic centres in England. The aims are to create faster, more direct access to diagnostic testing, divert patients from hospital to reduce waiting times and the spread of COVID-19, and tackle the backlog of diagnostic activity created by the pandemic. GPs will be able to refer patients to local centres directly for diagnostic tests and reduce the need for hospital outpatient visits. These centres will purportedly be established closer to people’s homes in community hospitals, health centres, repurposed buildings, and even shopping centres, and are planned to be fully operational by March 2022. Further funding for community diagnostic centres was announced in the Chancellor’s Autumn Statement, taking the total number of centres to be funded to 100, as well as funding for the purchasing of additional diagnostic equipment such as computerised tomography (CT) and magnetic resonance imaging (MRI) scanners.

The drivers for this new initiative stem in part from the NHS Long Term Plan, published in 2019. Professor Sir Mike Richards, the first NHS National Cancer Director, was commissioned by NHS England to undertake an independent review of NHS diagnostic services following publication of the Long Term Plan, and a key recommendation from his report was the establishment of community diagnostic hubs away from acute hospitals that could be delivered in a COVID-19-safe manner as much as possible. The Richards report also recommended separating acute and elective diagnostics, redesigning diagnostic pathways to better utilise triage tests (for example, faecal immunochromatography testing), and a significant investment in diagnostic infrastructure and workforce.

This intervention from NHS England comes in the context of serious chronic challenges with access to diagnostics.

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HOW WILL THE OPENING OF COMMUNITY DIAGNOSTIC CENTRES IMPACT ON NHS WORKLOAD?

The NHS is under very significant workload pressures as a result of the backlogs of care due to the COVID-19 pandemic and high levels of patient demand. General practice is delivering more appointments than ever before, including caring for patients currently waiting for diagnostic tests, outpatient appointments, and specialist treatments. Improving access to diagnostics may address some of the significant waiting times patients are currently facing, allowing diagnoses to be made and treatment commenced in a timelier manner. Patients attending specialist outpatient appointments would also have key investigations already performed, streamlining secondary care. However, diagnostic workforce shortages in the NHS were already significant before the pandemic and it is unclear how these community diagnostic centres would be staffed without a significant increase in...
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radiologists, radiographers, endoscopists, and sonographers in the very near future.

WHAT ARE THE IMPLICATIONS FOR GPs?
GPs will first need to be made aware of new diagnostic services in their local communities and their remit, and how to access diagnostics for their patients. GPs will be taking on more responsibility for interpreting and acting on reports from diagnostic testing: this is a change that might not be welcome by all in the current context of heavy workloads and a shortage of GPs. Careful selection of patients in primary care to refer for diagnostics will be important to ensure the right patient gets the right test at the right time.

WHAT IMPACT WILL COMMUNITY DIAGNOSTIC CENTRES HAVE ON LOCAL DIAGNOSTIC PATHWAYS?

Implementation of new community diagnostic centres present an opportunity for innovation in diagnostic pathways. Patient self-referral for testing has been piloted in some areas, such as for chest X-ray in smokers, and could potentially be considered as part of new models of care. Greater access to diagnostic testing for GPs could speed up diagnoses and reduce the need for some outpatient appointments for patients, or even extend the diagnostic interval for some patients if they ultimately need a specialist referral anyway. Evaluation plans for the new centres are unclear, and are clearly needed to ensure they lead to improvements for patients, clinicians, and the health service.

CONCLUSION

The creation of community diagnostic centres holds some potential benefits for patients, GPs, and local NHS services. However, successful implementation or value for the NHS is not guaranteed given the huge backlog of diagnostic activity, as a result of the COVID-19 pandemic and longstanding diagnostic workforce shortages, both of which are unlikely to be solved in the short term. The timeline for delivery of these new centres also seems very ambitious given the current challenges faced by the NHS, and may not prove to be deliverable.

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