PHILIPS

Services and solutions delivery

Operational Intelligence

Exploring the strategic planning opportunities for the UK's initial Community Diagnostic Centres

The 7 'Ps' check list to consider

The 7 ‘Ps’ check list to consider

Change in the delivery of diagnostic imaging is finally underway.

The publication of Richards’ report (known in full as Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England)[1] in November 2020, marked the culmination of over a decade of lobbying, planning and preparation by public and private companies, including Philips, to secure the recovery and renewal of the UK’s diagnostic imaging capabilities by creating a future of care that could transcend the nation’s hospital walls.

With the recommendation for significant reform across NHS diagnostic capacity ratified and starting to come to fruition as part of the NHS Long Term Plan, the question now must be how best to strategically plan and realise the report’s recommendation of building out-of-hospital diagnostic centres per 300k of the population; or – put another way - an initial total of 100-150 diagnostic hubs?

In this progressive planning article, Stephen McMillan, Solutions Lead for Philips UK&I and Jeevan Gunaratnam, a former NHS Director, who is now Director of Independent Sector & Community Diagnostics at Philips, explore the factors to consider when strategically planning a Community Diagnostic Centre or series of centres and introduce a memorable checklist to bear in mind.

Passionate about the potential of Community Diagnostic Centres, if realised to their full, Stephen McMillan states: “The confirmation of the roll out of nationwide Community Diagnostic Centres will play a critical element in improving the delivery of care for the people of the UK. Now though we need to plan, design, build and staff them well, so that they represent the equitable progressive future of care for patients and professionals alike.”

1 Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England, Professor Sir Mike Richards CBE Chair – Independent Review of Diagnostic Services for NHS England, 27 November 2020, https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf

What are Community Diagnostic Centres?

Community Diagnostic Centres are multi-diagnostic facilities that are located away from hospital sites, including on the high street and in retail locations. The planned centres provide quick and easy access to various diagnostic tests such as blood tests, X-rays, ultrasound, MRI and CT scans, and endoscopy.

To start your Community Diagnostic Centre strategic planning journey, we have developed seven 'Ps' to bear in mind. These are: Perspective, Purpose, Place, Patient, Pathway, People and Partnership.

1. Perspective: Pioneering Community Diagnostic Centres within the context of public health

When planning a Community Diagnostic Centre, it helps to start with a macro view and to frame the desired Community Diagnostic Centres within the landscape of national health and wellbeing via its contribution to improving public health.

Health, as defined by the constitution of the World Health Organisation, "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.[2]"

Activities to strengthen public health capacities and service aim to provide conditions under which people can maintain to be healthy, improve their health and wellbeing, or prevent the deterioration of their health.

Stephen McMillan explains, "Community Diagnostic Centres, far beyond their diagnostic capabilities, have the potential to play a huge role within our public health provision and help us move from cure to care. The COVID-19 pandemic has highlighted the need for us to consider community diagnostics through the wider lens of our approach to public health, which is preventative disease, prolonging life and promoting health.

When we bring into focus the needs of various communities and geographies combined with our knowledge of population health, it becomes clear that there is a need for us to address health challenges that include health inequality, obesity, population change and mental health."

Jeevan Gunarathnam continues:
"Community Diagnostic Centres provide a wider opportunity for our planning of our health infrastructures because we can consider peoples lifestyles, their communities, the local economy, the activities available to them and build environments that support new networks of equitable care. Community Diagnostic Centres provide a wider opportunity for our planning of our health infrastructures because we can consider peoples lifestyles, their communities, the local economy, the activities available to them and build environments that support new networks of equitable care."

Key healthcare challenges:

1. Reducing health inequality
2. Reducing obesity and the overweight
3. Planning for an ageing population
4. Improving mental health and reducing the effects of social isolation.

2 Constitution, World Health Organization, https://www.who.int/about/who-we-are/constitution#:~:text=Health%20is%20a%20state%20of,belief%2C%20economic%20or%20social%20condition.

2. Purpose:
Being clear on the big vision

According to the NHS paper, Key Considerations when Designing Community Diagnostic Hubs[3], the vision statement from the NHS is: "Community Diagnostic Hubs will deliver additional, digitally connected, diagnostic capacity in England, providing patients with a coordinated set of diagnostic tests in the community, in as few visits as possible, enabling accurate and fast diagnosis on a range of a clinical pathways."

Jeevan Gunaratnam believes that the planning could encompass an ever-bigger vision:

"We project that these centres will specialise in providing services that meet cardiovascular, fitness, wellness and health themes across Radiology, Cardiology, Oncology, Respiratory and Sleep health spaces. And with a continuing need to focus on the wider health needs of our population, we also envisage the expansion of Community Diagnostic Centres with further NHS–commissioned specialist services. The focus would be to support the elderly and patients with underlying health conditions by improving access to expert health services closer to their homes. This could encompass general practice, pharmacy and tele-dentistry services."

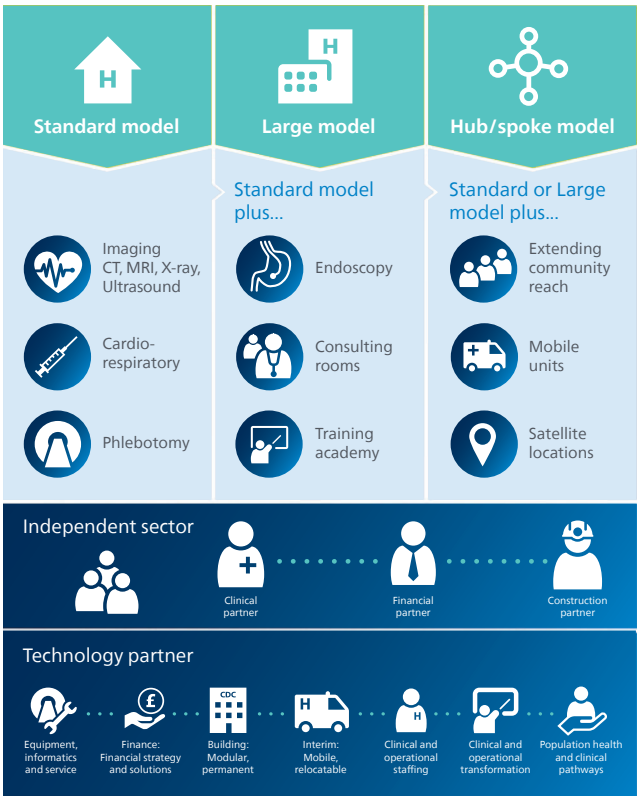
Stephen McMillan continues "We believe that the movement of diagnostic services out of hospital is just the first step in, what will inevitably be, a movement of treatment services into the community. Only by removing the hospital bottle necks can we properly evolve the delivery of care."

Realising this long-term vision for out of hospital care requires approaching the immediate term planning of Community Diagnostic Centres in an integrated, holistic way.

We need to plan future-forward centres that will be future-fit. The idea of out of hospital diagnostic capabilities is innovative, of course, but it also paves the way for more innovations that need to be planned for. For example, higher risk procedures will still need to be within a supporting environment, low acuity, lower risk, high volume procedures can also start to be moved outside of the traditional hospital environment.

The imminent demand of Community Diagnostic Centres may not seem to directly impact interventional procedures at the moment, but it heralds a step change in the geographical treatment of care and paves the way for out of hospital diagnosis and care and potentially interventions in the UK. These remote centres are known as surgical ambulatory surgical centres in the US, and we should plan for more qualified centres in the UK within the roadmap of Community Diagnostic Centres. And of course, Community Diagnostic Centres will also double as training centres, providing the workforce of the future with access to state-of-the-art technology in a modern, inspiring environment. After all, one innovation in the community starts to stimulate more."

CDC delivery model



3 Key Considerations when Designing Community Diagnostic Hubs, NHS, 2020

3. Place: Thinking beyond locality to create equality

An initial planning consideration will always, of course, be 'where'. Jeevan Gunaratnam reminds us that there are two balancing priorities that need to be considered and aligned as part of the locality selection: the national priorities and the local priorities. He explains:

"At a national level, planning needs to align with the NHS Long Term Plan outcomes framework and national strategies, such as childhood obesity, lung cancer etc. Additionally, local priorities need to be integrated. This means looking not only at the NHS directives but also the Local Authority social care dimension.

When looking at designing new patient pathways, we're not just looking at the treatment bit but also how it fits in the bigger picture so we can take this conversation and elevate it from being solely hospital-centric.

In addition to this, there is also a need to align with the Joint Strategic Needs Assessments (JSNA) of the NHS and Local Authorities from the perspective of addressable health needs, to align to the Health and Wellbeing strategy and the Commissioning strategy from the Local Integrated Care System. Synthesising the local and national directives and demands, should define the locality choices made for the first phases of Community Diagnostic Centres. It's a complex balance to identify and integrate but essential to take a combined local and national approach."

4. Patient: Focusing on pattern identification

Community Diagnostic Centres represent one of the first truly tangible, big shifts towards the realisation of truly patient-centric care. Unsurprisingly Stephen McMillan highlights the importance of prioritising patients within the strategic planning process but from a more strategic pattern identification viewpoint.

"Looking at the patient population, when planning our Community Diagnostic Centres, it's vital to look at referral patterns. We are building these centres to drive non urgent activity away from acute hospital settings, so we need to ask ourselves, where is it possible to do elective, non-urgent diagnostic activity? The answer is understanding local area patterns. How do patients flow? What could you offer that allows patients to flow to a Community Diagnostic Centre rather than a hospital?

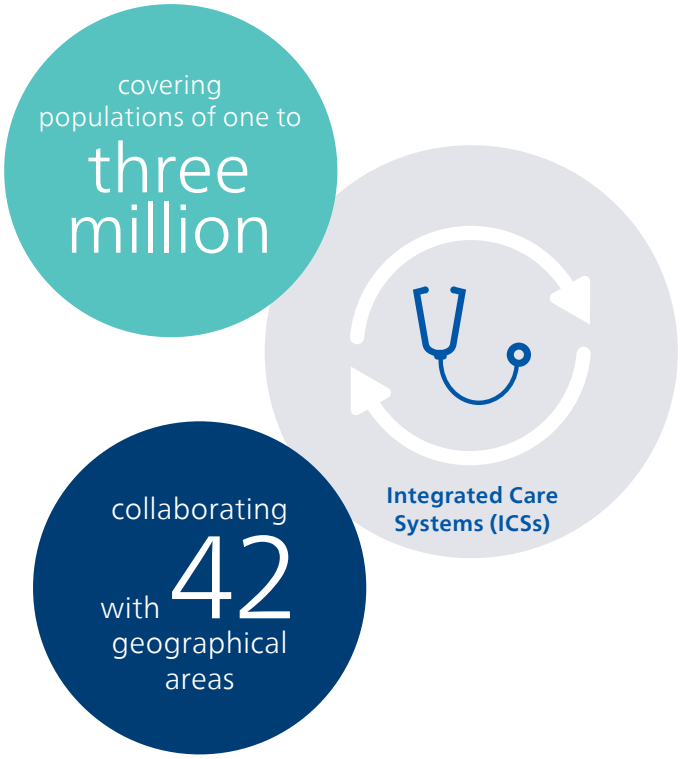
Within this pattern identification, we need to also identify health inequity and social deprivation, as often areas of high population don't necessarily equal areas of high needs and this is to do with socio economic factors.

Density isn't always a signifier of demand. Wealthy populated areas may demand a Community Diagnostic Centre but don't really need one."

Another supporting factor, Jeevan Gunaratnam recommends considering, are patient flow boundaries. He explains:

"With the country restructured and split into Integrated Care Systems[4] (ICSs) (collaborations between NHS providers, commissioner and local authorities in 42 geographical areas, covering populations of one to three million), care will have even more distinct geographical boundaries.

The problem is, however, that patients don't always fit within such boundaries and can be on the border of one area yet flow into another area. Thus, if you build a Community Diagnostic Centre in a certain area you may pull patients across from another area. For example, patients in northern Cambridgeshire and Peterborough can often flow over into the neighbouring King's Lynn ICS and we see cross border flow at the border between England and Wales. This not only means that Integrated Care Systems needs to be better connected within the planning process to better understand the flow and management of patients across artificial boundaries, but that we also need a harmonised, strategic out of hospital approach across our home nations."



Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

4 Will a new NHS structure in England help recovery from the pandemic?, BMJ 2021; 372 doi: https://doi.org/10.1136/bmj.n248 (Published 03 February 2021)

5. Pathway: Redesigning pathways will be the 'make or break'

One of the key challenges when planning a Community Diagnostic Centre will be the balance – or paucity – of resources. Capital, human, financial, equipment, resources are in short supply and ironically the creation of Community Diagnostic Centres could exacerbate this problem. After all, stimulating more diagnostic activity creates a supply and demand imbalance that could see the UK run out of available resources.

And yet, every problem has the potential to be solved with effective and disruptive strategic planning. In this case, the resources challenge presents an opportunity to integrate services across locations and look at how we change pathways.

Click above or scan the QR code to visualise how partnering can lead to improved patient experience and better health outcomes, throughout the diagnostic pathway.

Jeevan Gunaratnam explains: "There is no point building a Community Diagnostic Centre if we don't look at whether or not we can influence the design of our future pathway. This means identifying how we can co-locate services such as GP, pharmacy, physiotherapy and other primary care facilities together with diagnostic imaging. For example, improving the potential for one stop shop centres where a patient could go and see a GP, be referred for diagnostic testing, and go back for a follow up all in one place and without ever setting foot in a hospital."

It is, therefore, vital for community diagnostic innovation to be part of a focus on moving toward care rather than cure. Not least for the patient care but also mindful of the reality of finite resources where we bring together social care, mental health, local authorities and stakeholders to better treat and help patients and stop them getting chronic diseases, such as arterial disease, Type 2 diabetes, Covid-19 risk and cardiac issues that place such a strain on the existing system.

Jeevan Gunaratnam continues:
"Pathway redesign in partnership with Community Diagnostic Centres, has a real part to play in the shift from cure to care**.**

Community Diagnostic Centres can be part of the triage, in that we can triage activity at a Community Diagnostic Centre, keep it there and make sure it never goes to the hospital in the first place. This shift demands real teamwork between clinicians in the diagnostic space and those in the acute trust to manage patients collaboratively and not operate patient fiefdoms. We also need to see local authorities prioritise a focus on pathway decisions and move away from a position of modality."

6. **People:** Seeing Community Diagnostic Centres also as an opportunity to address healthcare burn out.

As we know from across healthcare, creating the out of hospital facilities of the future is only possible if we prioritise people. The workforce burn out crisis is one of the biggest issues facing healthcare right now. The problem, exacerbated by the pandemic, is so widespread and severe across health and social care that, the Commons select committee that monitors the Department of Health and Social Care (DHSC) has reported that, "both key public services are in danger of no longer working properly[5]".

Even before the pandemic, one third of the doctors who responded to a survey published by the BMJ in January 2020[6] were described as burned out and the King's Fund health thinktank found that NHS staff are 50% more likely than the general working population to experience high levels of work-related stress[7].

Jeevan Gunaratnam explains: "While the term, 'burn out' may be a catch all, it has wide reaching impacts. Firstly, burn out impacts operational efficiency significantly, with clinicians currently having to sign into multiple different systems and face double and triple working due to a lack of automation and interoperability. Secondly, there's the mental and physical exhaustion of working in sub optimally designed facilities and, lastly, we're also seeing the rise of moral injury.

With factors amplified by the pandemic, healthcare workers are facing the trauma of seeing their patients infected by COVID-19, dealing with additional deaths from disrupted pathways, mental harm due to delayed treatment and treatment restart, and the disproportionate impact on social communities. All of this has taken a huge toll on our already chronically under pressure professionals and contributes to a loss of trust in the system.

Planning effective, positive workspaces for healthcare workers must be a key consideration of any Community Diagnostic Centre and is one of the many areas where Philips, through our innovative health technologies, Ambient Experience solution and comprehensive experience in helping to build, design and fund truly fit for purpose environments, is partnering with NHS Trusts and other providers.

This is because we know that COVID-19 safe environments, with the latest technology will increase satisfaction and productivity, reduce moral injury and burn out and bolster our workforce. Added to that, future fit Community Diagnostic Centres also offer an opportunity to train our vital staff, helping to prime our workforce for the future."

COVID-19 safe, pleasant, technology-rich environments are shown to:

5 Workforce burnout and resilience in the NHS and social care, House of Commons Health and Social Care Committee, 18 May 2021, https://shbn.org.uk/wp-content/uploads/2021/06/Workforce-burnout-and-resilience-in-the-NHS-and-social-care.pdf
6 Resilience, burnout and coping mechanisms in UK doctors: a cross-sectional study, N McKinley, http://dx.doi.org/10.1136/bmjopen-2019-031765
7 Response of the Health and Social Care inquiry into workforce burn out and resilience in social care, The King's Fund, 16 October 2020, https://www.kingsfund.org.uk/publications/health-social-care-select-committee-inquiry-workforce-burnout

7. Partnership: Partnering for impact

And lastly, the realisation of Community Diagnostic Centres will depend on multidisciplinary public private collaboration. To effectively make the transition to out of hospital, patient-centric, diagnostic imaging care, the myriad of stakeholders and involved parties will need to work together effectively from the start. Thus planning for Community Diagnostic Centres requires a focus on value-based, integrated, connected practices and partnership.

Partners such as Philips not only bring a wealth of health systems transformation experience and expertise but also can help realise new models of financing and funding.

New models might include helping teams embrace value-based procurement models, where the focus is less about cost of a particular product or service but on the overall value the solution could create, to encourage more collaborative tender approaches.

The partnership benefits continue far beyond new models of financing and funding. Global companies like Philips can help design and build future fit centres, connecting partners with specialist construction services and supplying innovative pathway design, strategically managed, interoperable technology and even provide new models of staffing, such as via a hybrid staffing model that combines existing NHS staff with additional expert staff. The use of AI technology also drives efficiency, accuracy and quality of care – all the time whilst ensuring value for money through optimum total cost of ownership.

Stephen McMillan explains,
"The Rutherford Diagnostic Centre Somerset in Taunton is the first Community Diagnostic Centre of its kind in England - run by Rutherford Diagnostics Limited, a subsidiary of Rutherford Health PLC in partnership with Somerset NHS Foundation Trust.

The centre is also a great example of the power of collaboration between Rutherford Diagnostics and ourselves. The centre is being delivered through a Philips Managed Service partnership, where Philips have installed best-in-class imaging equipment, are providing management and technology utilisation reporting, delivering education and enabling access to research and innovation programmes, together with Rutherford Diagnostic's healthcare expertise."

The centre is expected to help support growth of diagnostic capacity and expedite care of patients, improving efficiencies and patient experience and will also be available to private medical insurance and self-pay patients in the South West.

"And so, if you're an Integrated Care System (ICS) or Trust, irrespective of your planned business model, there are a raft of factors to consider when making the shift from acute to out of hospital care, all of which can be realised to their potential by adopting a collaborative, partnership approach that investigates the opportunities for Community Diagnostic Centres from every angle to create a truly, breakthrough new care delivery system.

To embed change and opportunity from the very beginning, remember the 7Ps: Perspective, Purpose, Place, Patient, Pathway, People and Procurement in Partnership."

Jeevan Gunaratnam, a former NHS Director, now Director of Independent Sector & Community Diagnostics at Philips.

Interested to learn more?

Let’s talk. Even better, let’s collaborate

We’d love to help you apply Operational Intelligence to help solve your key people, process and technology challenges.
For more information, please visit

https://www.philips.co.uk/healthcare/resources/landing/community-diagnostic-centres

https://www.philips.com/operational-intelligence

* OCT 2021

How to reach us
Please visit www.philips.com
healthcare@philips.com