Medway and Swale
Health and Care Partnership

Title of Report	**Medway and Swale Health and Care Partnership, Community Diagnostic Centre briefing**	**Agenda Item**	
Lead Director	Name: Nikki Teesdale Role: Director of Delivery, Medway & Swale Health and Care Partnership,		
Report Author	Nikki Teesdale – Director of Delivery Medway and Swale Health and Care Partnership		
Executive Summary	The Community Diagnostic Centre briefing sets out plans to develop community diagnostic centres in Medway and Swale. The plans are to establish a hub, based at Sheppey Community Hospital and a spoke, based at Rochester Healthy Living Centre. The provision of imaging, physiological measurement and pathology tests and scans at these sites, over the next three years will deliver significant additional diagnostic capacity in the system, which will help to support COVID 19 recovery plans as well as future growth in demand. Increased diagnostic provision in the community will utilise existing NHS estates and improve access particularly for communities facing the highest level of health inequalities.		
Links to strategy and regulations	Aligned to Health and Care Partnership strategic plan, local and national priorities		
Committees or Groups at which the paper has been submitted	None to date		
Legal Implications/Regulatory Requirements and FOI status:	• This paper is disclosable under the FOI Act		
Recommendation/ Actions required	The Committee is asked to note the paper for information.		
	Approval ☐	**Assurance** ☐	**Discussion** ☒	**Noting** ☒

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In October 2020 Professor Sir Mike Richards published Diagnostics: Recovery and Renewal which identified a number of recommendations including the development of Community Diagnostic Centres (CDCs) to significantly increase extra diagnostic capacity and to separate diagnostic settings for elective and non-elective patients/ pathways.

The recommendations have been accepted by NHS England and a national programme is in place to award funding to Systems and thereafter support the development of CDCs. CDCs will provide a broad range of elective diagnostic services away from acute settings, providing easier and quicker access to tests and greater convenience to patients, as well as relieving pressure on acute sites by reducing outpatient referrals and attendances.

The Kent & Medway Imaging Network was formed in line with the Long-Term Plan and the release of the Richard's Review. As part of this new governance structure, CDCs were included within the remit of the Kent & Medway Imaging Network, clearly recognizing the alignment to the core modalities and the need to connect to the wider diagnostics.

On the 13th October 2022, the Medway and Swale Health and Care Partnership were informed that a bid to support additional diagnostic capacity across the locality had been successful. Whilst there is flexibility in the how we as a system design the clinical pathways at a local level there is strict criteria with regards to what constitutes a CDC and therefore what we have to deliver in order to obtain the national funding.

Each CDC in England must:

- Be a digitally connected, multi-diagnostic facility that can where appropriate, be combined with mobile / temporary units. CDC provision should be located separately from the main acute hospital facilities and sited in locations that are more easily accessible, and closer to patients' homes.
- Contribute to six primary aims – improve population health outcomes, increase diagnostic capacity; improve productivity and efficiency; reduce health inequalities; improve patient experience; and support the integration of primary, community and secondary care.
- Deliver a minimum set of diagnostic tests
- Receive referrals from a range of healthcare professionals across the system, book and prepare patients; deliver coordinated testing and provide timely reporting.

By redesigning the clinical pathways, the CDCs will be expected to increase and optimise diagnostic capacity, improve efficiency, and improve patient outcomes assuring accessible sustainable pathways for our local population. The approval for funding in the Medway and Swale locality follows the early adopter Hubs situated in West Kent and East Kent. Through the CDC pathway design cross border working is a requirement in order that all areas benefit from the additional capacity.
The development of CDCs will further support the recovery of elective and diagnostic services that were impacted during the pandemic, which will in turn reduce waiting times and diagnostic backlogs. There will not be a reduction in activity at the acute hospital site, the CDC will provide additional activity to support both recovery of services and unmet demand.

Current diagnostic provision in Medway and Swale in the main is largely provided by Medway NHS Foundation Trust (MFT) on the acute hospital site. Due to the impact of COVID-19, however, there has been a shortfall in diagnostic provision across the Medway and Swale health system which is still significant. Over the last couple of years compliance with national standards and diagnostic waiting times at MFT have fluctuated considerably due to the COVID-19 pandemic.

In order to support recovery additional sustainable diagnostic provision is required in Medway and Swale to address the backlogs and the future projected demand.

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A Medway and Swale CDC Working Group was established with representatives from key stakeholder organizations including: Medway NHS Foundation Trust, Medway Council, Kent County Council, Swale Borough Council, Medway Community Healthcare, HCRG and the Integrated Care Board (ICB). Key work stream leads were identified including Workforce, Estates, IT, Health Inequalities, Communications and Finance. The focus for all leads was to support the development of the business case and work collaboratively to deliver a local CDC plan.

A phased approach has been agreed based on the areas experiencing the greatest inequalities, with the roll out of services planned to span a three-year period before the CDC is fully operational. To inform the direction of travel for the Medway and Swale CDC model, a stakeholder workshop was held which focused on key local issues for consideration. Subsequent design meetings using a Logic model approach helped to refine and finalise the model. Approval of the model followed Health and Care Partnership governance processes.

The preferred option for the Medway and Swale CDC is a two-site hub and spoke model. This model has been chosen as a result of stakeholder engagement, and is the favoured model for a number of reasons. Firstly, Medway and Swale are a large geographical area covering a population of about 427,000 people. Some areas such as Chatham and Gillingham are very densely populated, and others such as the Hoo peninsula and Sheppey by contrast, are quite remote with access to services often difficult for patients; therefore, having a single site was not seen as a viable solution.

In addition, Medway and Swale has some of the highest levels of deprivation in the UK with some wards being in the 20 per cent most deprived areas in the country. Twenty-three per cent more people have an unplanned admission for a chronic condition that could be managed out of hospital, compared to the national average and one-year cancer survival rates are five per cent lower than the national average.

The following information taken from the Medway and Swale H&CP profile and Swale's Dominant strategy, demonstrates wider determinants and poor health outcomes;

- The rate of adults (aged 18+) classified as overweight or obese in Medway and Swale is worse (70%) than England (63%).
- The percentage of physically inactive adults in Medway and Swale is worse (25%) than England (23%).
- Deaths from all cancers in Medway and Swale under 75 years is worse than England. Although rates for screening in Medway and Swale appear to be in line with England, there are still areas with low take up for cancer screening i.e. Medway Central.
- For every mile travelled between Sittingbourne (Woodstock Ward) and Sheppey (Sheppey West Ward), the life expectancy reduces by 255 days. This results in 8.3 years difference in life expectancy between the two areas.
- 48.8% of people in Sheppey are economically inactive compared to the UK national average of 21%. Economically inactive means that people (aged 16-64) are not involved in the labour market – they are neither working or actively seeking employment. For example, includes long term sick, caring for family, early retirement, students etc.
- Across Sheppey, the percentage of people having 'very good health' is lower than the national average. Only 34.6% people have very good health in Sheppey East Ward, and 38.9% in Sheerness Ward, compared with the national average of 53%
- In some schools, 90% of students are leaving without sufficient Level 3 skills (grade 5 or above in English and Maths GCSEs)
- By 2038, 25.3% of homes in Swale will require an adaption to deal with health and care demands

The proposal to establish a two-site hub and spoke model therefore, will provide more equitable access to diagnostic services in a greater number of areas and will reduce travel time for patients. The hub and spoke

model will offer a central hub providing full range of co-ordinated services for patients that require multiple diagnostic testing with the spoke offering additional capacity, similar to the hub to meet the needs and requirements of the local population

Options for estates considerations have been reviewed with working group members as well as estates leads. There are a number of community sites across Medway and Swale that would lend themselves to potential CDC sites but following review many were discounted as not meeting the CDC requirements. In addition, a number of the existing estates (both Healthy Living Centres and community hospitals) have limited scope for internal redevelopment and reconfiguration, as there is minimal void space to use as most centres are heavily utilised by the community providers.

The Public Health Primary Care Network profiles and the diagnostic services data gathered to date has been informative in relation to helping pin point areas of greatest deprivation and areas of need. The two areas in Medway and Swale that are consistently identified as being the most deprived areas (lowest 20% of the Index of Multiple Deprivation) are Medway Central and Sheppey. These two areas see a number of poor health outcomes for people living there.

The public health inequalities data collated to date, alongside other estates intelligence has been considered as part of an early feasibility exercise; which concluded that Sheppey Community Hospital should be the hub location for the Medway and Swale CDC. With regards to this site, an options appraisal was undertaken with stakeholders whereby all possibilities were considered and worked through for example, access to car parking if additional activity is to be delivered at this site, availability of clinic space and potential space for locating mobile units such as cancer screening (i.e. lung, cervical and/or breast) as well as imaging units (i.e. MRI or CT) on site.

Public Health profile data identified Chatham as one of the areas having the greatest levels of deprivation but activity for some diagnostic services although high, was not as high as expected. Reasons for this were thought to be due to:

- Patients have difficulty accessing primary care services and not being referred to diagnostic services
- Unlike other deprived areas of Medway, there is no local Healthy Living Centre or community clinic facility in the Chatham central area for patients to easily access. Patients from one of the most deprived areas therefore, have to travel either to Rochester or Gillingham to access services which could impact service uptake.

The agreed CDC hub at the Sheppey Community Hospital site will provide accessible services to populations that have high levels of deprivation and issues with access due to a combined lack of access to own transport, poor public transport or financial constraints. These services will be combined with a strategy collaboratively developed with partners to target inequalities experienced by communities who do not access services or present very late. The site also represents good use of existing NHS sites, and is co-located with other services including primary care, a planned Urgent Treatment Centre, community, and acute outreach activity offering excellent opportunities to Make Every Contact Count (MECC). In addition, a spoke will be created at Rochester Healthy Living Centre (RHLC). This site was considered the most feasible option for the location of an MRI scanner because it already has pads on site which are utilized by the breast screening service for three months of the year. The site is centrally located with good access to public transport, parking and is the nearest feasible and most accessible site to central Medway which has the population facing the greatest health inequality. The longer-term priorities for this site are also the same as the hub site.

Phase 1

The immediate priority is to extend MRI capacity to support MFT to achieve diagnostic compliance and elective recovery (post Covid-19) during 2022/23. Whilst application for temporary MRI units that are managed and therefore not impact on existing MFT workforce were requested at both sites, funding for 22/23 was only agreed

for the Sheppey site due to national cuts in the funding and the inequalities identified in Sheppey. Funding for permanent MRI scanners going forward has been agreed for both sites.

Phase 2

Longer term, the plan is to reconfigure both Sheppey and RHLC to deliver diagnostic services according to local need. During 2023/24 and 2024/25, a phased approach will be taken to commence diagnostic provision at both sites.

At Sheppey, work will include reconfiguration of current space to build a new static MRI and CT suite, as well as redesign and upgrade the existing diagnostic services already located in this area. The diagnostics available in Sheppey will be extended to include a wide range of services as prescribed by the national team for inclusion in a hub in the second and third year of mobilization.

Within RHLC work will take place to reconfigure existing space to accommodate a static MRI and a mobile CT suite along with a wide range of diagnostics as identified in the local area needs assessment. Whilst RHLC has been identified as the most feasible option for a spoke site due the central location and public access routes, the planning teams are aware of current access and parking restraints. Mobilization plans will include exploring the wider infrastructure including land owned by property services that is currently not utilized.

In addition, through a work programme aligned to the Cancer Alliance, we have had funding agreed for an additional CT scanner for which we intend to commence Targeted Lung Health Checks (TLHCs) for early lung cancer detection from spring 2023, which further enhances the diagnostic and screening provision. The Cancer Alliance funded CT scanner will be located at the Sheppey site and a mobile CT scanner not funded by Cancer Alliance, will be located in Rochester with the intention of rotating staff and services as appropriate or where access is more difficult.

Workforce and staffing capacity have been flagged as the biggest risk to the CDC programme and plans are in development for a variety of workforce initiatives, including international recruitment for which we have had recent success and rotating apprenticeship schemes.

In summary, this scheme will deliver:

- Two community diagnostic center sites - A CDC hub site located at Sheppey Community Hospital.
- A CDC spoke site located at Rochester Healthy living Centre.
- In the first year (2022/23) additional capacity via rented and staffed mobile MRI scanning facilities will be delivered at the Sheppey site, creating more space at MFT to support recovery of the backlog. The mobile unit will be in place whilst the transition to the longer-term hub and spoke site is developed and implemented (i.e., built, staffed, pathways implemented etc.)
- The CT scanner procured through the Cancer Alliance will also support the delivery of additional activity outside of the days/hours allocated to TLHC.
- Dedicated resource for delivering the community diagnostic programme, including clinical time, project management, business intelligence, communications and engagement, workforce planning etc. which will not remove capacity from existing diagnostic services.
- Efficient use of void spaces available within existing NHS estates at hub and spoke locations.
- Robust workforce plan, linked into the system diagnostics workforce strategy, for key staff groups required to deliver CDCs.
- Digital operability across the local infrastructure

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Work will begin in the autumn of 2022 with a phased roll out of increased diagnostic provision at both sites, working towards achieving a seven-day service over a 12-hour period by 2025.

The start date for the particular diagnostic modalities is dependent upon recruitment, completion of building works and lead in times for equipment delivery.