



Community Diagnostic Hubs

Plans across South West London

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We want to use our time with you today to:

- Give an overview of Community Diagnostic Hubs and explain what this means for South West London residents.
- Share our proposed plans and hear your feedback and advice to help us with future planning.
- Answer any questions you may have.



Introduction

- The NHS nationally is providing funding for local areas to develop additional diagnostic services to help manage backlogs created by the pandemic, improve care, reduce waiting times and address increasing demand fuelled by population growth and some shortages of skills.
- We are bidding for national funding to create three new Community Diagnostic Hubs (CDH) in South West London offering a range of services to the residents of our six boroughs.
- Faster access to diagnostic tests means people can start treatment sooner for serious conditions like cancer and heart problems, this can mean better outcomes for patients.
- We envisage people will be able to have several tests on the same day and be seen more quickly, rather than always needing to wait longer to go to major hospitals. We will still aim to provide choice wherever possible.
- Community Diagnostic Hubs will offer a range of tests and scans which could include:
 - imaging (e.g. ultrasounds, X-rays, mammograms)
 - cardiology tests (testing for heart conditions)
 - pathology (testing body tissues and fluids)
 - phlebotomy (testing blood)
 - and endoscopy (looking at organs inside the body using an endoscope)

Proposed plans across South West London

- We are planning for **three hubs** to be at:
 - **Queen Mary's hospital**
 - **St Helier hospital**
 - and a further location in **Croydon**, which will be supported by mobile satellite sites in communities.
- These locations will help us address health inequalities and meet the needs of local people.
- We're looking at the range of diagnostic services and what could be provided at hubs and satellites, where it would improve patient care whilst meeting the needs of local people.
- We are engaging local people, staff and key stakeholders and asking for views going forward.
- We have already been awarded £12.4m to increase capacity of existing diagnostic services, including Queen Mary's hospital, but will be bidding for more national funding over the coming months.
- Our plans align with the recommendations of the [Professor Sir Mike Richards review of diagnostic services](#), which aim to help save lives and improve people's quality of life including for cancer, stroke, heart disease and respiratory conditions.



Proposed locations

- It's important to ensure the new services address health inequalities and meet the needs of our local people.
- We think the best way to do this is to locate the large hubs in areas where we know there are health inequalities, but to have further satellites sites with expanded diagnostic services in key areas.
- We're planning to develop two large hubs in locations where the majority of services already exist and serve many of our boroughs – at Queen Mary's Roehampton and St Helier hospital. And a brand new diagnostic hub in Croydon, our largest borough.

Main hub location	Anticipated use by boroughs
Croydon	Croydon, Merton, SEL
St Helier	Sutton, Merton, Kingston
Queen Mary's	Wandsworth, Kingston, Richmond
NWL sites	Richmond
Surrey / Sussex	Sutton

Borough	Proposed site locations
Croydon	TBC – one hub and three satellites to be proposed
Kingston	Satellites- Surbiton and Kingston Hospital modular build
Merton	Satellites- The Nelson, The Wilsons, Raynes Park
Richmond	Satellite- Molesey
Sutton	Hub – St Helier Satellites TBC
Wandsworth	Hub – QMH Satellite- St John's Health Centre



High-level Timeline

**June -
July'21**

- ⑩ Establish workstream and operational site groups
- ⑩ Clinical priorities to consider explored and agreed
- ⑩ Initial outputs for Population Health Analysis (PHA) and Activity Modelling socialised

Aug'21

- ⑩ Croydon Estates Options Appraisal/Feasibility Study progressed
- ⑩ Croydon and St. Helier CDH operating model explored/developed
- ⑩ Patients survey undertaken
- ⑩ Input into Regional team Spending Review proposal
- ⑩ PHA and Activity modelling further refined

**Sept-
Oct'21**

- ⑩ Activity, workforce and equipment modelling discussed and agreed with SWL finance leads
- ⑩ Clinical priorities options appraisal discussed and agreed with clinical leaders community
- ⑩ All workstreams progress milestones
- ⑩ SWL CDH Workforce plan drafted
- ⑩ SWL CDH Engagement and Communication plan progressed
- ⑩ SWL CDH plans drafted and socialised

**Nov-
Dec'21**

- ⑩ All workstream continue progressing milestones
- ⑩ SWL CDH plans further refined, socialised and agreed.
- ⑩ SWL CDH Business case drafted, socialised and agreed.

Clinical and population health analysis



Health Inequalities – priority areas identified by Population Health Analytics:

- Roehampton and Queenstown
 - East Merton and Carshalton
 - Central Croydon and Addington
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- The proposed geographical location of the three CDHs (Roehampton (QMR), Merton (St. Helier) and Croydon combined with proposed satellites align with the population density map of the most deprived populations across SWL.
 - To address health inequalities and ensure equity of access across SWL geography - in addition to QMH, it is proposed for develop a further two CDHs – Central Croydon and St. Helier together with satellites within those communities aimed at meeting specific needs.

Clinical Service Model

- Clinical priorities identified that may benefit from using the CDH for. Detailed work to explore this further underway in terms patient pathways, type of tests etc.
- Areas of major clinical priorities that may benefit from early access to diagnostics and/or “one-stop clinics” identified by clinical working group and being further explored are: Cardiology, Respiratory, Ophthalmology, Urology, Gynaecology and Cancer. Other clinical areas under review are tele-dermatology and ENT.

SWL staff, patient and public engagement plans



Phase 1 – building on existing insight to inform business case

- **Engagement across London**, led by Imperial, has already taken place –including 8 representatives from SWL
- Testing the themes through a **survey with our South West London People’s Panel** – 3,000 people representing SWL population. We also asked Healthwatch and other local groups to share this survey with their networks
- **Mapping existing patient insights** – looking at Trust Friends and Family test data and early conversations with community groups

- **Testing our plans** with the SWL Communications Engagement Steering Group (including Healthwatch)
- We are also working with neighbouring regions to understand impacts on patients close to the boundaries and align engagement plans where appropriate e.g. Richmond and NWL, Sutton and Surrey/Sussex

Phase 2 – insight to inform implementation

Centrally commissioned engagement work:

Engaging further as part of delivery phase (after funding award) at 3 large public engagement events, including:

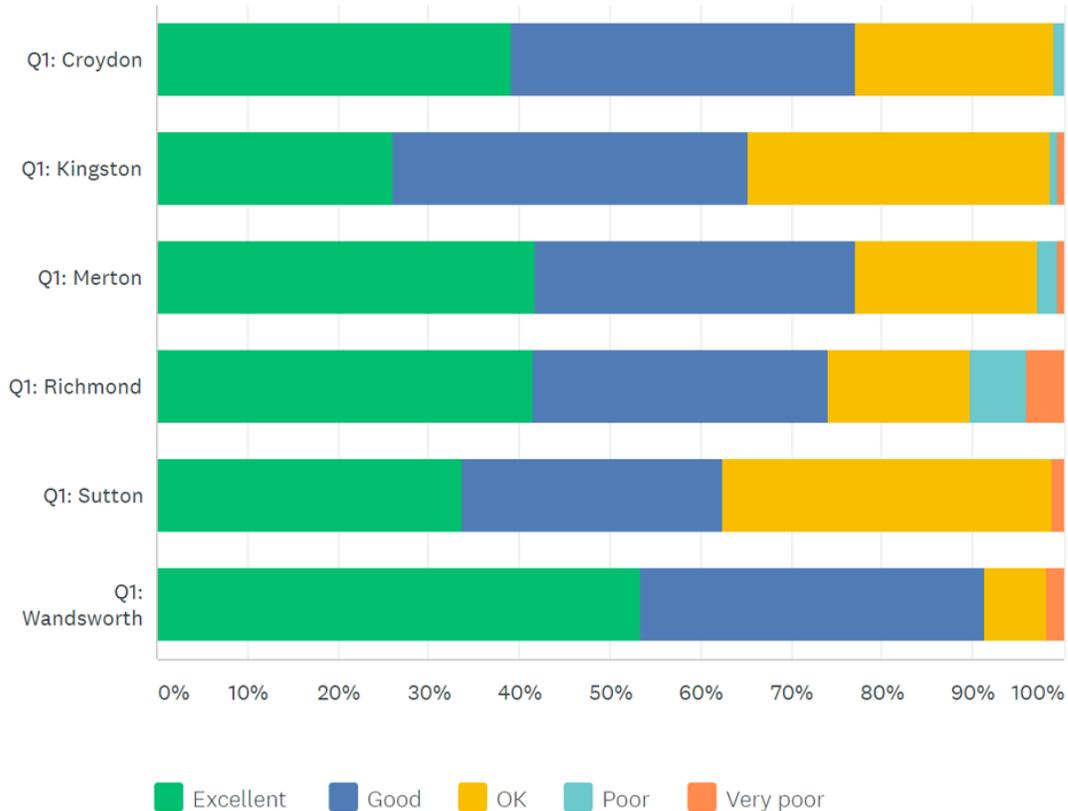
- Recruitment of reflective sample of population and incentives to attend
- Commissioned design, chair, facilitation and independent report

Borough based engagement:

- Targeted engagement with communities that are most impacted and experience health inequalities within boroughs
- Targeted engagement with patients and communities that have Long Term Conditions –LTCs that are associated with diagnostic tests and prevalent in boroughs

Feedback from our SWL survey

Experiences of diagnostic services



- 722 people completed the survey. (862 started the survey, but had not had diagnostic tests.)
- People have responded from across SWL, although there were fewer returns from Wandsworth (76 people) and Sutton (91 people).
- Most common tests are **imaging** and **phlebotomy**, accessed by over 50% of respondents
- Most common locations: St George's Hospital – 20%, and Kingston Hospital – 14%
- Responses were received from people from all backgrounds but the majority were from a White background (75%).

What people said about their recent experience of diagnostics

Best thing about recent experience:

- Friendliness/attitude of staff – e.g. explaining things clearly
- Booking/speed of appointment
- How quickly seen when arriving
- Provision of information/communication
- Quality of treatment and care
- Speed of diagnosis
- Location – close to home/parking
- Efficiency of organisation/service

Need to improve:

- Location – inconvenient to get to/parking
- Joined-up services (e.g. issues with GP/hospital comms)
- Facility/setting
- Information provided
- Staff attitude
- Waiting times – to get appointment & when attending
- Appointments – issues with booking
- Quality of treatment



What people said mattered most

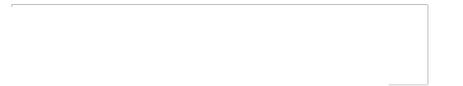
- In terms of making **bookings and getting to a location**;
 - Most important: waiting times are short, the booking process is easy and the venue is easy to travel to.
 - Least important; bookings can be made via an app; 13% marked this as extremely important. However people do want to be able to book online; 31% said this is extremely important. In comments, many people added that retaining phone booking is essential.
- In terms of the **setting (including facilities) and communications/ information**;
 - Most important; staff explain things clearly and answer questions – 60% marked this as extremely important, followed by getting a diagnosis quickly – 53%.
 - The setting itself is less important than staff attitude and communication. 23% said the site being environmentally friendly was extremely important, 14% that it be clinical and 11% that it be a relaxed environment.
- When asked to rate top three issues. The things that are **most important** about diagnostic tests are:
 - waiting times are short – 48%,
 - I get a diagnosis quickly – 32%
 - I can book an appointment for a time that suits me/I'm given clear information – both 27%
- The three things that are **least important**:
 - the setting is clinical – 4%
 - the site is environmentally friendly – 5%
 - there is parking – 7%



Other comments about CDHs/diagnostic experiences – themes

- **Staff trained to understand specific needs;** such as dementia, anxiety and Autism.
 - **Staff taking the time to explain the tests,** answer questions and be sensitive about the impact of the diagnosis.
 - **Being seen quickly, and how people are treated by staff** is more important than where the venue is, or what it is like as a facility.
 - **People want to be continue to be able to book by phone;** many mentioning accessibility and disabilities.
 - **Simple booking process.** Some people gave examples of current complicated systems.
 - **Joined-up working** was mentioned by a number of respondents. Examples of having to repeat information, or information not easily shared between professionals, GPs not seeming to communicate with hospitals etc.
 - **Location does matter;** people would prefer to attend somewhere close to home or easy to get to, but this is less of a priority than the speed of being seen and the overall experience
 - **Concerns about facilities at a hub** – for example emergency facilities – and the expertise of staff conducting the tests.
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Questions





South West London

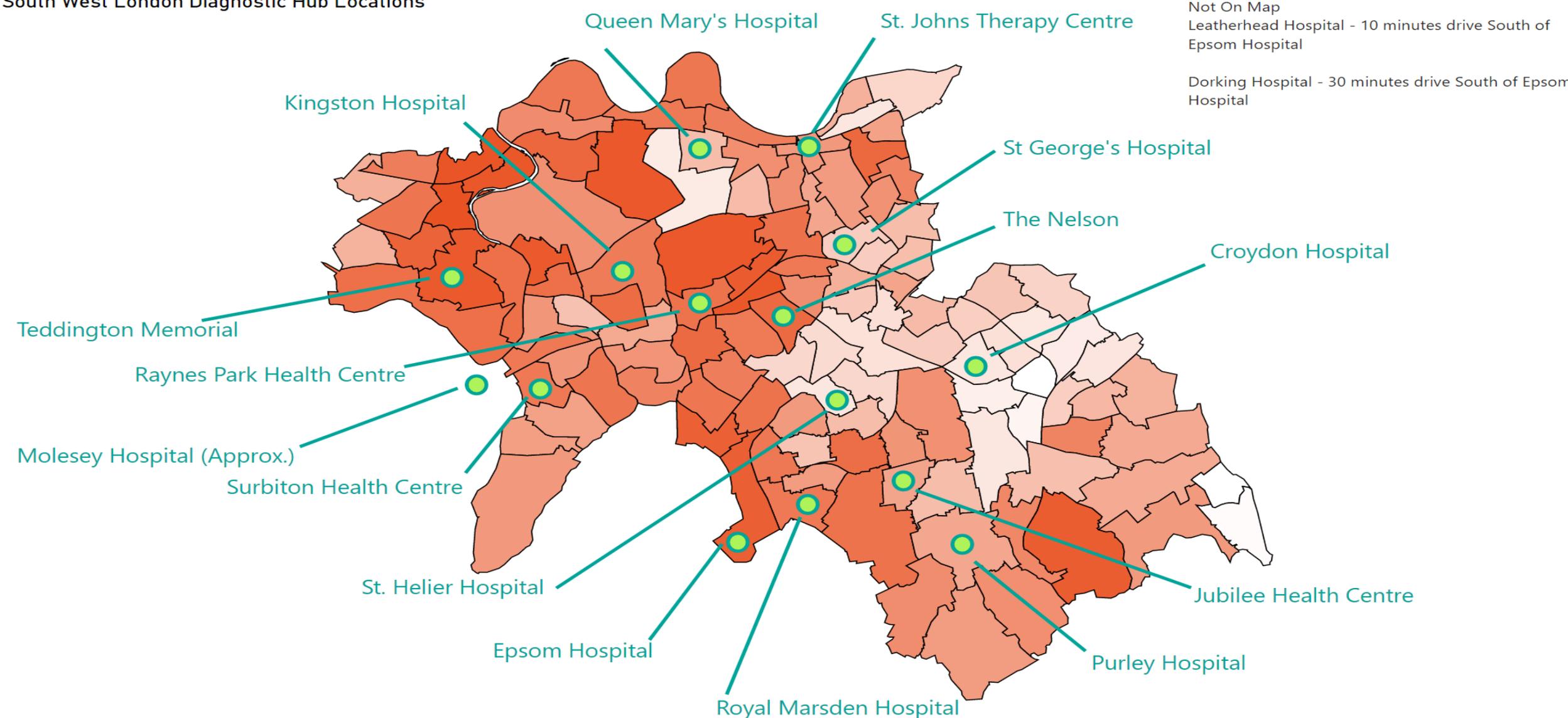
Health & Care
Partnership

Appendix



Geographical Landscape of Current Diagnostic Services

South West London Diagnostic Hub Locations



Accessibility to diagnostics – Sites/Hubs

Maps below provide illustrations of areas with higher deprivation and population to help make sure future proposed sites are able to increase access for our most deprived and populous areas.

Fig 1: Highlighting our most deprived regions

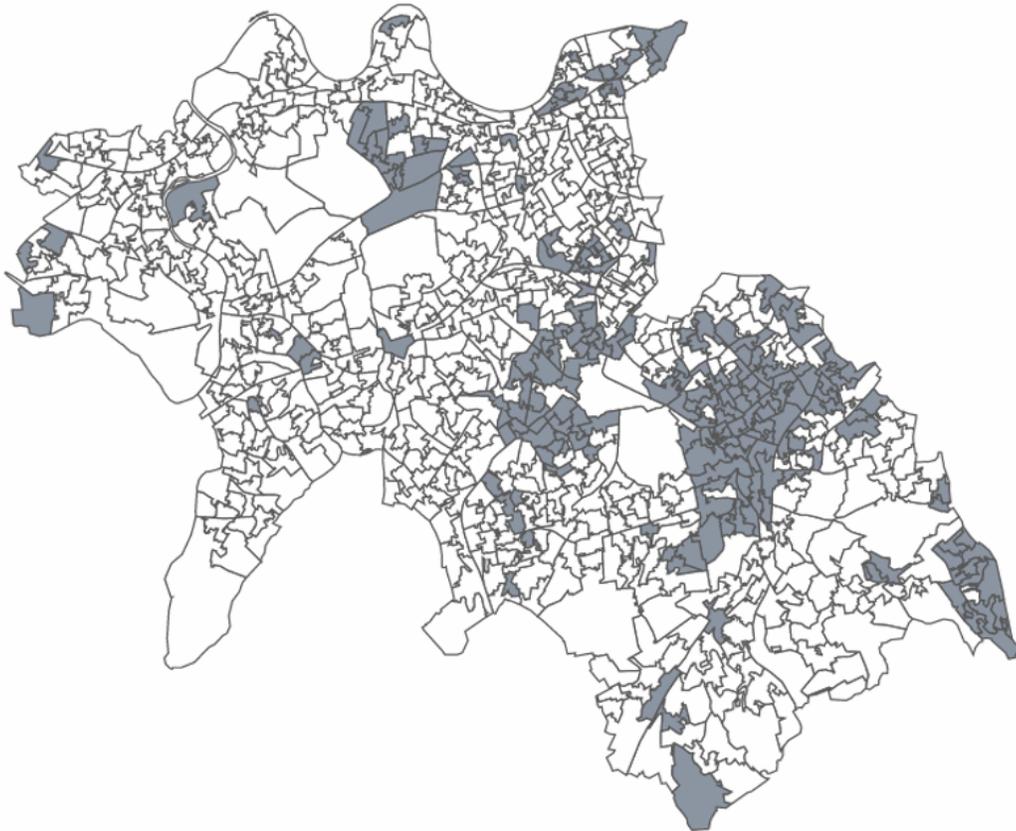
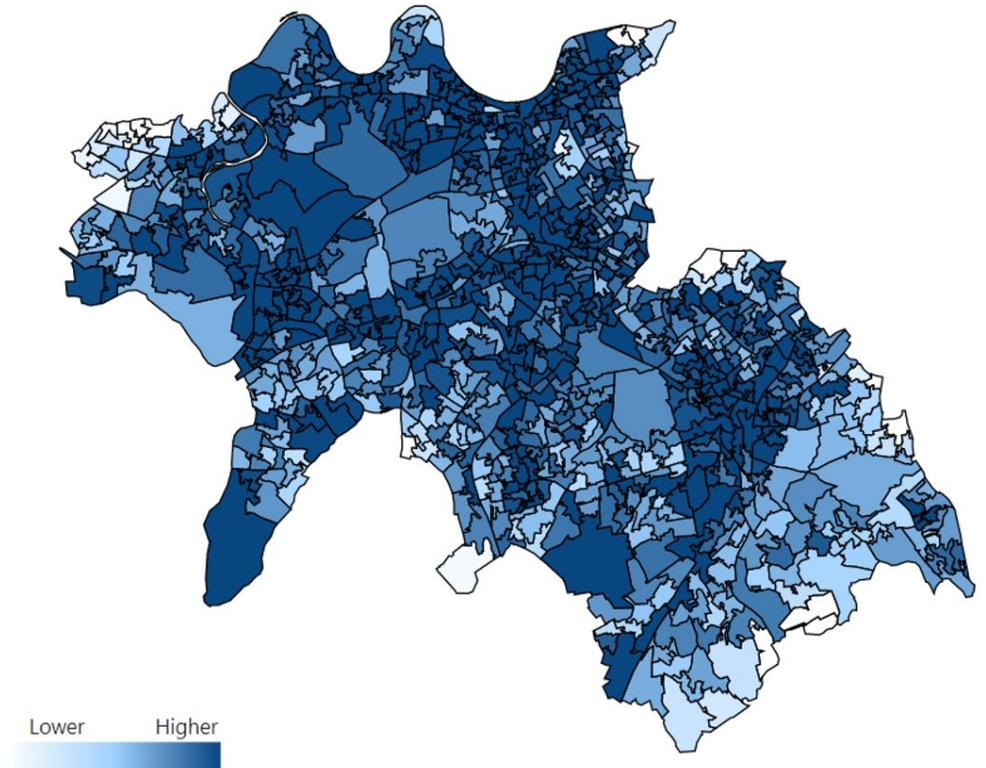


Fig 3: Highlighting our most populated regions



2. Feedback from London engagement work (1)

Where patients and public think diagnostic services should be delivered...



- Many participants stated that they would **travel further** for diagnostic services if this meant a **reduced waiting time** (both from booking to appointment, and on the day) due to the health benefits and outcomes of early diagnosis, and to reduce anxiety.



- While participants were often happy to travel further in order to be seen quicker, participants frequently raised **car parking** as a major logistical issue for patients.



- Participants were generally **comfortable with locating diagnostic facilities away from hospitals** (e.g. on a high street) provided that the location and staff **look professional**, it had the look and feel of a **trusted NHS environment** (e.g. blue NHS branding, uniformed staff) and it was a visibly clean environment.



- Participants raised concerns around **invasive** and/or **higher-risk diagnostics** being sited away from acute hospitals.



- Participants wanted any changes to diagnostics services to be **sensitive to vulnerable groups** and reduce barriers wherever possible (e.g. expanded patient transport, ramps etc.)

Feedback from London engagement work (2)

How patients and the public think diagnostic services should be delivered...



- Participants stressed the importance of retaining **patient choice** for where, when and how they can access diagnostics, in order to fit people's different circumstances but also recognising that choice would be important to some patients.



- **Multiple appointments in one place on the same day** appealed to participants as a less disruptive and stressful option compared to going back and forth for different appointments.



- **Flexible booking** options were also suggested by many participants, with a mix of walk-ins and pre-booking available for people's different circumstances. Weekend appointments were also something that was suggested by some.



- Participants thought that many potential issues could be solved through **clear and comprehensive information** to patients, both ahead of their appointment and on the day (e.g. directions to the testing site) including **consistent record-sharing** to avoid having to 'repeat your story' to each new member of staff.



- Communications around the roll-out of CDHs should **focus on benefits**, both to patients (e.g. reduced waiting times) and to the NHS (e.g. less pressure on services and staff).

SWL survey comparison to London-wide insight

- London insight appeared to focus more on location and travel
- The SWL survey highlighted more concerns about the experience itself than where the diagnostic service is located.
- SWL survey responses correlate with London in that:
 - People would prefer somewhere close to home or easy to get to
 - It's a priority for people to get an appointment as soon as possible
 - Some people expressed concerns about being away from acute services
 - Some people raised issues around disability and ensuring certain needs are taken into account – in terms of the setting, staff knowledge and accessing services
 - Comprehensive information and consistent record sharing was rated highly

