Direct access diagnostic tests

What is patient choice of Any Qualified Provider?
We are committed to extending patients' choice of Any Qualified Provider. This means that when patients are referred for a particular service, they can choose, where appropriate, from a range of providers that are qualified to provide safe, high quality care and treatment – and select the one that best meets their needs. Initially we have agreed to focus on a small number of the services where patients say they want more choice. This includes diagnostic services.

Why do we think that extending choice of provider for diagnostic tests will benefit patients?
We have heard a strong call from patients that they would like a choice of provider when they are referred by their GP for diagnostic tests or investigations to find out why they are ill.

A large number of patients access diagnostic tests in the community every day. This costs the NHS over £140m in 2009/10.

There is already a range of NHS and independent sector imaging providers along with service specifications, some model contracts and some nationally agreed tariffs for imaging. This is a strong base upon which we can build an Any Qualified Provider model of care for some diagnostic services.

How might this work in practice?
By offering people choice in health and care services such as diagnostic services, in the years ahead we expect to see more services being offered by a much wider range of NHS, private and voluntary providers. The following case studies illustrate how this might work in practice.
The London NHS Diagnostics Service

- The London NHS Diagnostics Service was established in 2007 to provide additional capacity in diagnostics and to enable London GPs to make direct referrals for their patients. The service included provision of community based ultrasound, echocardiography, cardiac physiology, MRI, X-ray, endoscopy and phlebotomy.

- These services were initially provided on 31 community based sites across London. After two years of providing this service it was decided to expand the modalities on offer to include audiology and hearing aid fitting and DXA scanning.

- In 2009 there were 1800 referrals each week from GPs and other specialist clinicians such as extended scope physiotherapists and GPs with a special interest. The service was operating from 64 sites at the end of 2009.

- Electronic reports were available to GPs within 48 hours of the patient being seen in the clinic.

- From the beginning of the scheme, in order to ensure that GP referrals were appropriate, a clinical triage function was established at the point of receipt of referral. This ensured that every test requested was appropriate, that the patient could be scanned safely and that the appointment for the test was planned for an appropriate setting.

- Three initiatives: referral guides, structured referral forms and feedback were used to improve the appropriateness of referrals for diagnostic tests from Primary Care.

- Feedback from patients was consistently positive with 98% reporting that their experience of the service was very good or excellent.

- A study, using a questionnaire survey, was carried out to review the clinical management outcome for 800 patients referred directly by their GP for a diagnostic test, MRI or ultrasound scan or echocardiogram. Direct access to a diagnostic test, following clear guidance provided to GPs, resulted in 71% of patients being managed in primary care following the report being received by the GP.

- The service has resulted in more convenient and personalised healthcare for the patient and prevents patients who do not need to be managed in secondary care from being referred to a specialist, increasing the capacity in secondary care for patients who do need specialist management.
ECG is the basic tool for diagnosing heart problems. GPs are not always equipped to interpret ECG tests and consequently many refer their patients to secondary care for outpatient appointments or to diagnostic centres.

Broomwell Healthwatch, a private provider based in the North West, offers GP practices, medical centres, and hospitals access to immediate, expert, clinician interpretation of ECG test results. This means ECG results can be interpreted immediately, and within the GP practice, thereby having great potential to save NHS money by reducing the need for outpatient referrals and improving patient care by enhancing patient convenience and reducing waiting times for diagnostic tests.

Practices that use the Broomwell ECG machines send ECG results to the Broomwell Healthwatch Centre down a telephone landline and receive an immediate verbal interpretation followed, within minutes, by a full written clinician interpretation. The cardiology specialists at the interpretation centre are fully qualified, regularly assessed and traces and interpretations are audited and quality controlled.

Practices who have their own ECG machine send the ECG recordings to the centre by email or fax and receive the same interpretation service.

Broomwell HealthWatch has established 12 lead ECG facilities in community settings, both in GP practices and at NHS Walk-In Centres in many areas around the country and especially in the Greater Manchester, Lancashire and West Midlands areas.

The centre handles over 1,400 ECGs per week and a high degree of acceptance has been shown among primary care physicians along with better patient experience and significant reductions in the number of referrals to Cardiology Clinics which has freed-up staff within the Acute Trusts so they can concentrate on more serious patient care.

**Next steps: how are we taking this forward?**

We have asked the NHS to help us test a small number of services that patients have told us might benefit from extended choice of provider from April 2012, and diagnostic test services is one of these areas. In the first instance, this will cover certain diagnostic tests accessed directly by patients in the community, such as imaging, cardiac and respiratory tests.