



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

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Current/prospective Provider(s): Medway NHS Foundation Trust (MFT)

Outline of proposal with reasons:

In line with the NHS Long-Term Plan and the Richard's Review (October, 2020), Community Diagnostic Centres (CDCs) are being established nationwide, by community providers, Any Qualified Providers (AQPs) and GP practices but to a much lesser extent. The CDC centres 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.

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 recognising 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. The bid included the development of a CDC hub, based at Sheppey Community Hospital (SCH) and a spoke, based at Rochester Healthy Living Centre (RHLC).

The plan is for a phased roll out, with both centres fully operational within the next three years, (many services will be delivered before this time) providing a range of additional diagnostic services including imaging (CT, MRI, X-Ray and Ultrasound), physiological measurement (ECG, ECHO, Spirometry, Lung Function, Sleep Studies etc) and pathology (blood tests).

Whilst there is flexibility in the how the Medway and Swale system design the clinical pathways at a local level, there is strict criteria with regards to what constitutes a CDC and therefore what must be delivered 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.

In addition, services that are currently outsourced will be brought back and delivered in-house. Patients will, therefore, be able to access diagnostic services closer to home and will not have to travel out of area.

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.

To support the development of the CDC business case, a Medway and Swale CDC Working Group was established with representatives from key stakeholder organisations 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, whose focus it 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 sites are 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.

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 Sheppey Community Hospital (SCH) and Rochester Healthy Living Centre (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 SCH, 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 mobilisation. 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 to the central location and public access routes, the planning teams are aware of current access and parking restraints. Mobilisation plans will include exploring the wider infrastructure including land owned by property services that is currently not utilised.

In addition, through a work programme aligned to the Cancer Alliance, extra funding has been agreed for an additional CT scanner, to commence Targeted Lung Health Checks (TLHCs) for early lung cancer detection from spring 2023, which will further enhance the diagnostic and screening provision available locally. 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.

In summary, this scheme will deliver:

- Two community diagnostic centre 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 a rented and staffed mobile MRI scanning facility will be delivered at the SCH 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. have been accounted for, 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 plans, linked into the system diagnostics workforce strategy, for key staff groups required to deliver CDCs.
- Digital operability across the local infrastructure.

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 specific diagnostic modalities is dependent upon recruitment, completion of building works and lead in times for equipment delivery.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

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 for Medway and Swale residents, as follows:

- 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 lower (61%) than England (66%).
- 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.
- Life expectancy in Medway and Swale is below the England average for both sexes. Life expectancy has generally increased in recent decades, but the rate of increase has slowed. Life expectancy is not uniform across Medway; inequalities exist. Life expectancy is greater for females than males. Individuals living in more affluent areas live longer than those living in more deprived areas.

- Before the COVID-19 pandemic, the gap between the most and least deprived areas was driven mostly by higher mortality rates from circulatory disease, cancer and respiratory disease in the most deprived areas. However, the most recent estimates show that higher mortality from COVID-19 is now also a key contributor to the life expectancy gap.
- In Medway, mortality rates from lung cancer and chronic obstructive pulmonary disease (COPD) are significantly higher than England.
- A high proportion of deaths related to both lung cancer and COPD are caused by a common modifiable risk, smoking. Smoking attributable mortality in Medway has also been significantly higher than England consistently (up to 2017-19).
- 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 Medway and Swale H&CP profile and the diagnostic services mapping data (Annex 1 to Appendix 1) collated and analysed by the Medway Public Health Team has been informative in relation to helping pinpoint 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 (SCH) 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.

The agreed CDC hub at the SCH 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 external CT scanner because it already has pads on site which are utilised 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.

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 two-site hub and spoke model will offer a central hub providing a 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.

Furthermore, CDC centres will integrate services better, so images can be taken and reviewed in the same place rather than being sent on. They will be multi-disciplinary i.e., run in partnership, joining up teams from GP practices, community services and hospitals; and will provide a coordinated set of diagnostic tests, in as few visits as possible. CDCs will be networked with each other to share good practice and so that patients can visit two different centres but get the same treatment. They will also cut down the number of journeys for patients as well as enabling them to receive several tests in one place, helping patients to receive faster diagnosis to support them and their clinical teams to make decisions about getting the right care.

In summary, the CDC sites in Medway and Swale will help to tackle existing health inequalities, by improving health outcomes for patients, as follows:

- patients will have access to diagnostic services closer to home and away from hospital settings
- patients will be able to access faster and more accurate diagnoses via the provision of more 'one stop shop' clinics.
- the new facilities will increase capacity, improve the overall patient experience and reduce pressure on hospital sites.

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The establishment of CDC sites in both Medway and Swale aligns to the key priorities for the transformation of care within the Kent and Medway Sustainability and Transformation Plan (STP).

In line with the key principles of the Kent and Medway STP, the CDCs will:

- **Promote better health and well-being** by creating services that meet the needs of the local population. The importance of diagnostics cannot be overstated as this activity forms part of over 85% of clinical pathways. Rising demand post covid, outstripped capacity leading to marked increases in breaches of the 6-week diagnostic standard.
- **Deliver better standards of care** by co-ordinating with imaging and other diagnostic networks, who are working to establish standard imaging protocols and reduce procedure duplication
- **Ensure better use of staff and funds** by providing a cost-effective solution for the decanting of diagnostic provision off an acute hospital site which will reduce waiting lists down to a manageable size and reduce pressure on acute sites. CDCs will also support staff retention with investment into training and advanced practice. In addition, there will be rotational benefits for staff working across the acute trust and the CDC sites as well as fostering an in-house staff development culture.

Of the key priorities set out in the K&M STP regarding transformation of care – the CDC development reflects the priorities for Prevention, Local Care and Hospital Care as follows:

The development of the CDCs within Medway and Swale will provide an opportunity to re-design clinical pathways that require a range of diagnostic services i.e., development of one stop shops for pathways. A large number of pathways, including cancer, respiratory, cardiology and stroke, are dependent on diagnostic tests, where there are significant benefits of early diagnosis, critical to ensuring robust patient care.

The CDC will also support and align to the delivery of Rapid Diagnostic Services (RDSs) and will play an important part in the wider strategy to deliver faster and earlier diagnosis, and improved patient experience and outcomes; bringing together the latest diagnostic equipment and expertise. It will also complement work to improve cancer screening programmes to improve early diagnosis.

Medway and Swale H&CP is scoping the possibility of providing a local Non-site-specific Symptoms Service (NSS) from the emerging CDC. Medway NHS Foundation Trust has been awarded Cancer Alliance Transformational Funding for the establishment of an NSS service to serve the Medway and Swale population. Given the reliance on high quality diagnostics for this pathway, opportunities for this service to be based within the local CDC are being

explored as an alternative to provision from the acute Trust site.

CDCs will increase the totality of diagnostic service provision in the community, away from acute hospital sites. Diagnostics services will be more easily accessible as they will be closer to home for patients and available over longer periods (up to 7 days) where appropriate, ensuring more equitable access. Services provided in CDC sites will meet the needs of the local population, helping patients receive faster diagnosis to support them and their clinical teams to make decisions about getting the right care.

In terms of sustainability, the sites selected are existing health facilities, thereby adopting a solution to repurpose existing facilities rather than building new will limit the carbon footprint of the CDC scheme relative to that option. It does however introduce challenge in creating a carbon efficient environment and this challenge is within the scope of the design.

These schemes, as relatively small areas of redevelopment within much larger facilities, cannot materially influence the carbon strategy for these sites in isolation. The broader redevelopment schemes are seeking to address the requirements for carbon reduction and these facilities will benefit from that site wide improvement. As both sites will require a power upgrade, we will look to procure green electricity as part of this process from which the diagnostic facilities will benefit.

Access to local bus services will reduce the carbon footprint and discussions with local councils via the Transport and Infrastructure Task and Finish Group will focus on improving these services.

In addition, MFT's Green Plan 2021 – 2026 has identified carbon reduction and sustainability as its key objectives. Sustainability will be a consideration in the procurement of diagnostic equipment, alongside cost and clinical functionality, hence working towards achieving BREEAM certification.

5. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

The Kent and Medway ICB communications and engagement plan has been developed to support the roll out of the CDC programme across the system.

The aim of the plan is:

- To inform residents, clinical staff and stakeholders about the plans to increase diagnostic capacity in Kent and Medway and to explain what this will mean for treatment and outcomes
- To involve patients, clinicians, and staff early on in planning community diagnostic centres informing locality plans
- To promote community diagnostic centres to GPs, NHS staff and other healthcare providers so that they are making the best use of them for their patients
- To help people understand better how to use diagnostic tests and the importance of diagnostic screening and early diagnosis
- To help the ICB communications and engagement team better understand the barriers to people attending diagnostic tests and diagnostic screening and how these can be overcome locally particularly within communities where there is low take up of services.

The plan is being adapted at locality level to meet the specific requirements of local communities. In the two existing CDCs in Kent and Medway (in Maidstone and Buckland Hospital in Dover), engagement with patients has already been undertaken. Learning from this patient experience exercise has informed the development of the CDCs in Medway and Swale.

The plan provides a framework for engagement so that local people can be involved in the decision making about CDCs. It sets out the key elements of engagement and communications which will be further developed within local area settings.

Stakeholders will include:

- Patients currently using outpatient services
- Local residents in target areas
- People living in disadvantaged communities and in communities which suffer the highest health inequalities
- Clinicians and all staff providing diagnostic tests
- GPs as providers of primary care
- VCS organisations
- Patient Participation Groups and Local Area Patient Groups
- Targeted patient-led and community led support groups – particularly those working within communities where Centres will be situated and those supporting target patient groups such as cancer support groups
- County, district and borough councillors
- MPs
- Kent HOSC and Medway HASC
- Healthwatch Kent and Healthwatch Medway
- CCG staff

To help develop the Community Diagnostic Centre network, the K&M communications and engagement team will ask people about six key areas which the commissioning teams need to make decisions about. These will be adapted for each ICP or area:

Increasing the amount of diagnostic testing within community settings

- Improving diagnostic pathways for patients – what needs to be improved within the current diagnostic processes, and how the centres can contribute to this.
- Views on being referred to a setting in the community – the potential advantages and any possible issues with referral to a diagnostic centre
- How people would expect the Centres to be used – ideas for further development and expansion.

One stop shop approach for diagnostics and improving outpatient care

- Views on having a number of tests in one place - bloods, scans etc – what this will mean and any issues we need to overcome
- Support for Long Term conditions - how CDCs might benefit those with long term conditions and what they would need to include to do this? Linked to the new approach to outpatients and empowering patients to initiate follow when needed rather than routine appointments.

Access

- In response to national enquiries, initial locations have been selected to meet population identified need. For the proposed locations, are there any issues with transport to the sites? Any other access issues such as appointment booking processes, parking, referrals?
- Where should we consider locating further community diagnostic capacity in the future in each area? (Exploring the spoke model)
- Preferred opening hours for CDCs

Inequalities and Screening:

- A number of centres will be situated in areas of low take up of screening - what would help overcome barriers as we set up the centres?
- What would make it more likely that you would go for diagnostic tests and screening? (travel time, information etc)

Patient directed care:

- Views on self-referral and patient initiated follow up for out-patient appointments.
- Views on self-referral to screening units.

In Medway and Swale, our aim is to consult and co-design a fluid engagement strategy that can respond to the needs of the communities impacted by change. The Medway and Swale H&CP are committed to work in co-production where possible, demonstrated by the concordat' in place with the VCSCE sector. This brings community organisations into the partnership as equal partners with statutory bodies. The aim is to work with partners to reach into communities to establish people's views on accessing diagnostic services.

Recent patient and staff engagement around outpatient redesign has been taken into account in the development of proposals for Medway and Swale so far. Two PCN areas will be targeted where there is low uptake of diagnostic and the highest levels of deprivation: Medway Central and Sheppey. Work will be undertaken with local community organisations to deliver focus groups within these areas. The Involving Medway programme will be utilised to work with trained community groups to run discussions around people's need and views on barriers.

Engagement will be targeted at people who have traditionally experienced barriers to accessing diagnostic services including people on the autism spectrum and people who have learning disabilities, as well as people who are less likely to keep their appointments – to examine how people can be supported to attend crucial diagnostic tests.

Test 2 - Consistency with current and prospective need for patient choice

The development of the two CDC sites at Rochester HLC and Sheppey CH will offer greater patient choice. Currently 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.

Medway and Swale covers 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, especially for those from hard-to-reach local populations.

Therefore, by having extra locations to access diagnostic services, patient choice is automatically extended. A combined lack of access to their own transport, poor public transport or financial constraints, will be contributing factors as to why some patients do not attend appointments. Anecdotally, it is also understood that patients from Sheppey are reluctant to travel off the Island, but by offering a CDC site on the island, more patients may engage with the provision.

By offering more choices closer to home, alongside engaging with patients directly to understand barriers and looking at alternative public transport options, it is hoped more patients will access diagnostic services in these local centres.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

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. There are areas in Medway and Swale that are consistently identified as being the most deprived areas (lowest 20% of the Index of Multiple Deprivation) and people living within these areas often have a number of poor health outcomes.

Data from the Medway Public Health Team shows the proportion of cancers diagnosed at an early stage is lower in Medway (49%) compared to England (52%), therefore, early diagnosis is key to dramatically improving survival chances. The rate of premature mortality from cancer in Medway is higher than

England, while the rate for Swale is similar. Cancer survival rates in Medway and Swale are among the lowest in the country. Medway and Swale have the lowest and second lowest lung cancer survival rates, respectively.

Within the CDC programme, Targeted Lung Health Checks (TLHCs) targeting current and ex-smoker populations in Medway and Swale will also be rolled out. The expectation is that a greater percentage (3 in 4 cancers) will be diagnosed at an early stage and more people will survive for five years or more following their cancer diagnosis. The TLHC programme will provide significant benefits to the local population, particularly considering the level of early-stage cancer diagnoses that have been seen in earlier phases of the TLHC programme nationally.

Cancer screening, as well as diagnostics, is an essential part of the delivery offer from CDCs. The demographic the TLHCs will cover, also have for example, increased respiratory health needs. Whilst being utilised predominantly for the TLHCs, additional CT activity will be undertaken outside of the designated days/times for the TLHCs to provide additional CT capacity generally. The additional capacity will support the priority pathways which will be worked up during mobilisation period.

The development of CDC sites in Medway and Swale will support and align to the delivery of Rapid Diagnostic Services (RDSs) and will play an important part in the wider strategy to deliver faster and earlier diagnosis, and improved patient experience and outcomes.

Furthermore, an Equality and Health Inequalities Impact Assessment (EHIA) has been conducted and demonstrated that no groups will be disadvantaged or adversely impacted by the work to develop CDC sites in Medway and Swale. Assessment of the EHIA findings concluded that the proposal to establish a hub and spoke CDC model 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 coordinated services for patients that require multiple diagnostic testing and the spokes will provide further capacity to hubs, thereby addressing inequalities in provision and access across Medway and Swale, typically in the more deprived communities.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

On the back of the Richards Review, the ICB formed the Kent and Medway Imaging Network (KMIN) with CDCs as a key delivery remit.

Across the four Health and Care Partnerships (H&CPs) in Kent and Medway, local working groups were established to lead on business case development and CDC implementation in each area. These working groups are being supported by the KMIN project team to help deliver the Network's overall vision and strategy and support teams to achieve this national directive.

The initiatives support current patient safety concerns in relation to the backlog caused by the pandemic. Delivering on the national programme will offer the following:

- increase diagnostic provision in the community through the implementation of a CDC hub and spoke model. This will help to improve population health outcomes, reduce waiting times, address health inequalities.
- improve productivity and efficiency, by using existing NHS estates within the Medway and Swale areas.
- significantly improve accessibility for deprived communities; by locating CDC hub and spokes in accessible locations, any inequalities for patients reliant on public transport will be reduced.
- support COVID-19 recovery plans and future growth in demand.
- increase availability of direct access to diagnostics for GPs, will help to empower and improve access time.
- support integration of care across primary, community and secondary care for example, the introduction of GP direct access for some pathways may lead to a reduction in outpatient referrals.
- deliver a better and more personalised diagnostic experience for patients by providing a single point of access to a range of diagnostic services in the community.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

The proposals to develop CDC sites in Medway and Swale do not include plans to significantly reduce hospital bed numbers.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

National guidance specifies that CDCs should provide integrated hub and spoke services for the convenience of patients (away from an acute hospital) within easy access to work or home. All elective testing and imaging to be offered over a 7-day service and reported within 24 hours.

In Medway and Swale, a phased approach will be taken to commence diagnostic provision at both the Rochester HLC and Sheppey CH site, working towards achieving a seven-day service over a 12-hour period, where applicable during the second and third years of mobilisation. Therefore, given the requirement to provide CDC services 7 days a week, 12 hours a day, patients will be offered greater flexibility when booking appointments that are convenient for them.

The establishment of CDCs will not impact negatively on activity at Medway NHS Foundation Trust, the CDC sites will instead provide additional activity to support both recovery of services and unmet demand. Over the last couple of years DM01 compliance and diagnostic waiting times at the trust have fluctuated considerably. There has been a steady decrease in compliance trending downwards since June 2021, due to capacity issues and numbers on the waiting list growing. Since 19/20 there has been an increase in the number of referrals to MFT for MRI scans, for example but reduced compliance (with only 58.2% DMO1 compliance) in April 2022. The additional activity to be provided in the CDC sites will help to reverse this trend.

In addition, some diagnostic services that are currently outsourced to London hospitals and Maidstone and Tunbridge Wells NHS Foundation Trust will be brought back and delivered in-house. Patients will, therefore, be able to access diagnostic services closer to home and will not have to travel out of area.

By redesigning the clinical pathways, CDCs will increase and optimise diagnostic capacity, improve efficiency, and improve patient outcomes. The introduction of a one stop shop approach to services/pathways where appropriate, will help reduce the number of patient journeys as patients will receive several tests in one place. This approach will help patients receive faster diagnosis to support them and their clinical teams to make decisions about getting the right care, at the right time.

CDCs will build upon local areas of disparity and deprivation, embedding best practice through shared system wide learning. Thus, assuring accessible and sustainable pathways for the local population.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Full forecasts were completed by the Medway public health team and determined the site of both the hub and spoke in order to meet both current and future need. The assumptions took into account current demand and activity, under utilisation due to the wider determinants of health and future growth.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

An Equality and Health Inequalities Impact Assessment (EHIA) has been conducted and demonstrated that no groups will be disadvantaged or adversely impacted by the work to develop CDC sites in Medway and Swale. Assessment of the EHIA findings concluded that the proposal to establish a hub and spoke CDC model 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 coordinated services for patients that require multiple diagnostic testing and the spokes will provide further capacity to hubs, thereby addressing inequalities in provision and access across Medway and Swale, typically in the more deprived communities.

For the nine protected characteristics groups the CDCs will provide a positive impact, particularly for older people who may have less access to personal transport. Data from the local needs assessments highlights this as a priority, so the higher need for diagnostic services amongst the older population will be met.

For disabled people and carers, national data on health inequalities highlights links between disability and social/financial deprivation, so the higher need for diagnostic services amongst the disabled population (including those with long-term limiting illnesses) can be met through the emerging CDCs.

In Medway and Swale, the population is diverse and ethnically marginalised groups often face inequality due to geography of services. The CDC aims to level up access to ensure people from Black and Minority Ethnic backgrounds are not disadvantaged.

The overall view regarding the establishment of CDC sites in Medway and Swale, is that they will have positive impacts due to diagnostic services being closer to people's homes allowing for more timely and local access.

The position for groups who face health inequalities such as homeless people, looked after children and young people and those in the criminal justice system was also favourable, as it was considered that CDCs will have a positive impact due to increase in diagnostic facilities closer to people's dwellings. Swale in

particular, has three prisons. Currently, prisoners have to travel some distance for diagnostic tests which will be reduced with the implementation of CDCs. The population within the prison communities are included in the demographic for targeted lung health checks. Plans will include rotation of the scanner to the prison environment.

Equally, for people living in deprived areas, or a low income and who may have poor literacy or poor health literacy, the CDC sites are being placed in localities in the highest deprivation. Work is ongoing with local authority and voluntary partners to support plans to improve transport options, the hub and spoke are being placed in the highest areas of need as identified by LSOA data and corroborated with poor clinical outcome data. Work is planned with local communities and marginalised groups to increase understanding of the importance of accessing health care.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

The CDC development is driven by clinical need with funding streams from central government. A full Value for Money appraisal has been completed and approved by NHS England. Revenue funding is also supplied by the national team.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

In terms of sustainability, the sites selected are existing health facilities, thereby adopting a solution to repurpose existing facilities rather than building new will limit the carbon footprint of the CDC scheme relative to that option. It does however introduce challenge in creating a carbon efficient environment and this challenge is within the scope of the design.

These schemes, as relatively small areas of redevelopment within much larger facilities, cannot materially influence the carbon strategy for these sites in isolation. The broader redevelopment schemes are seeking to address the requirements for carbon reduction and these facilities will benefit from that site wide improvement. As both sites will require a power upgrade, we will look to procure green electricity as part of this process from which the diagnostic facilities will benefit.

Access to local bus services will reduce the carbon footprint and discussions with local councils via the Transport and Infrastructure Task and Finish Group will focus on improving these services.

In addition, MFT's Green Plan 2021 – 2026 has identified carbon reduction and sustainability as its key objectives. Sustainability will be a consideration in the procurement of diagnostic equipment, alongside cost and clinical functionality, hence working towards achieving BREEAM certification.

11. Is there any other information you feel the Committee should consider?

The CDC is a national programme to support recovery of the pandemic and ensure sustainability of services. Services will not be reduced at the acute as a result of the CDC build. The services going into the CDC in RHLC are already provided, with mobile scanning provision offered on a rotational basis. The CDC will provide an increase of the modalities already offered and allow patients to access services closer to home. The building work is using void space within the existing structure to make it fit for purpose for future demand.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

The Health and Care Partnership do not feel that this is a substantial variation as no services are being reduced, void space in existing health care is being repurposed to meet clinical need. The modalities that will be on offer will allow patients to access required healthcare closer to home.