



West Kent

Diagnostics- Waiting Times

Introduction

This paper provides information on diagnostic waits within NHS West Kent and shows the improvements made in waiting times over the past two years. This paper informs the Health Overview Scrutiny Committee of the improvements that have been made in diagnostic wait times within NHS West Kent based on data from April 2008 to April 2010.

It is noted that the Health Overview and Scrutiny Committee intends to examine cancer waiting times at a later date. However, the tests covered in this report will include people whose outcome results in a diagnosis of cancer as the figures are not held separately.

It is also noted that the HOSC has requested information on key diagnostics and therefore this report does not cover pathology, which is classed as a diagnostic although there is no national requirement to report activity or waiting times for pathology testing. However within the answer to question 9, Pathology is referred to.

The population in NHS West Kent is around 674,000. The majority of diagnostic testing is carried out in the acute sector at Maidstone and Tunbridge Wells Trust and Dartford and Gravesham NHS Trust.

Overview

The NHS Improvement Plan set out the target of a maximum 18 week start to treatment waiting time by December 2008 and that was the first time that the target included a waiting times target for diagnostics. This was then set at 6 weeks maximum wait for the diagnostic element of the pathway and the guidance stated that zero breaches should be met as rapidly as possible after March 2008.

The definition of a diagnostic test is a test or procedure used to identify a person's disease or condition and which allows a medical diagnosis to be made.

When measuring the waiting time, the clock starts when the request is made and stops when the patient receives the test or procedure. If a patient cancels or misses an appointment for a diagnostic test/procedure then the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the appointment that the patient cancelled/ missed.

If a patient is waiting for more than one test then the clock is measured separately for each one.

The recording of wait times is split between 15 key diagnostic tests and all others. The 15 key tests fall into 3 broad categories as follows:

Imaging –

- Magnetic Resonance Imaging (MRI),
- Computed Tomography (CT),
- Non-obstetric ultrasound,
- DEXA Scan,
- Barium Enema

Physiological Measurement –

- Audiology,
- Cardiology (echocardiography and electrophysiology),
- Neurophysiology,
- Respiratory physiology (Sleep Studies),
- Urodynamics

Endoscopy -

- Gastroscopy,
- Colonoscopy,
- Flexi Sigmoidoscopy
- Cystoscopy

Questions and Answers

- 1. How many people resident in your PCT area undergo the key diagnostic tests each year and what information can you provide about waiting times over the past two years?**

Answer: Currently approximately 180,000 diagnostic tests per year are carried out in West Kent. Table 1 show the number of patients undergoing each of the 15 key diagnostic tests over the past two years. It should be noted that the numbers below are the number of tests not the number of patients.

Table 1

Name of Test	2008/09	2009/10
Magnetic Resonance Imaging	18,460	21,063
Computed Tomography	41,915	45,812
Non-obstetric ultrasound	55,243	59,152
Barium Enema	607	310
DEXA Scan	3,801	3,128

Audiology - Assessments	23,733	24,219
Cardiology – echocardiography	12,099	13,240
Cardiology – electrophysiology	26	48
Neurophysiology – peripheral neurophysiology	987	697
Respiratory physiology – sleep studies	264	472
Urodynamics – pressures & flows	630	648
Colonoscopy	3,849	4,283
Flexi sigmoidoscopy	1,614	1,896
Cystoscopy	3,531	4,052
Gastroscopy	5,557	5,992
Totals	172,316	185,012

Table 1b shows;

- The average number of weeks spent waiting time for each of the 15 diagnostic tests.
- The actual number of patients waiting longer than 6 weeks for each of the 15 diagnostic tests.

Table 1b

Name of Test	April 08 Average weeks spent waiting	Number of Patients waiting > 6 weeks	April 09 Average weeks spent waiting	Number of Patients waiting > 6 weeks	March 10 Average weeks spent waiting	Number of Patients waiting > 6 weeks
Magnetic Resonance Imaging	2.3	33	2.2	0	2.0	0
Computed Tomography	1.1	0	1.5	0	1.6	2
Non-obstetric ultrasound	1.4	5	1.7	0	1.5	0
Barium Enema	0.2	4	0.2	0	0.3	0
DEXA Scan	2.5	7	1.1	0	1.5	0
Audiology - Assessments	0.4	84	0.4	92	0.3	2
Cardiology –	2.0	21	2.2	0	2.7	9

echocardiography						
Cardiology – electrophysiology	5.5	0	0	0	0	0
Neurophysiology – peripheral neurophysiology	2.5	1	3.6	0	2.2	3
Respiratory physiology – sleep studies	2.1	0	4.0	1	3.0	0
Urodynamics – pressures & flows	3.4	0	3.0	0	3.0	1
Colonoscopy	2.6	14	2.5	3	2.7	16
Flexi sigmoidoscopy	2.6	7	2.4	0	2.8	1
Cystoscopy	3.2	14	2.5	1	2.5	0
Gastroscopy	2.6	19	2.7	2	2.5	10
Totals	2.3	209	2.0	99	1.9	44

2. How many people have their diagnostic tests carried out in a) acute hospitals b) community and primary care settings? Do the waiting times differ depending on setting?

Answer: The majority of diagnostics carried out in West Kent are carried out in either an NHS or private provider acute setting. A small number of tests are carried out via community provision (Table 2). Where provision is available in both a community and acute setting there is no significant difference in waiting times.

Table 2

Provider	Service	Number of Patients Seen
Snodland Medical Centre, Snodland	echocardiography	924
Preston Hall, Maidstone	audiology	912
Sevenoaks Hospital, Sevenoaks	audiology	732
Edenbridge Cottage Hospital, Edenbridge	audiology	312

Cardio-Thoracic Consortium Ltd (CTC), Kings Hill	Doppler	253
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3. How much is spent on diagnostics?

Answer: There are two ways in which the PCT pays for diagnostic testing. The first is where the test is requested by clinicians in primary care, which is known as direct access. An example of this is a GP requests a chest x-ray to aid diagnosis before making a referral for onward care. The second is where a test is requested by clinicians in secondary care. The cost of these diagnostics is included in the tariff price the PCT pays as part of our acute contracts. An example of this is where a patient attends an out patient appointment and the clinician requests the chest x-ray. This means that it is not possible to provide the total value of diagnostic tests. Table 3 shows for the current financial year 2010/11 the indicative budget for direct access diagnostics in the acute setting is

Table 3

Speciality name	Sum of SLA plan 2010/11 £,000
Direct access cardiology	11,238
Direct access Pathology	7,120,599
Direct access radiology	4,234,773

4. What role does patient choice play in choosing where and when to have a diagnostic test?

Answer: Where diagnostic provision is available from multiple providers patient choice is available through discussion between the referring clinician and the patient. NHS West Kent has worked in conjunction with PBC groups and the private sector to ensure alternate provision is available where appropriate.

5. Are there any identified weakness in delivering diagnostic tests which have been identified and what measures have been put in place to improve the situation?

Answer: Due to changes in the accreditation several providers withdrew provision of semen analysis. This left NHS West Kent with provision from only the William Harvey Laboratories at Ashford and Guys hospital. Due to the limited sample stability and associated difficulties with sample collection upon arrival Additional provision in Tunbridge Wells has now been commissioned via a private provider. The PCT is also actively engaged in discussions with Medway FT to re-introduce provision of their service. It is expected that Medway provision will recommence in September.

6. Is there any PALS data you can provide regarding diagnostic tests in the health economy?

Answer: One complaint was received around reporting times for x-rays from Darent Valley Hospital during the Christmas and bad weather period 09/10. This complaint was fully investigated and responded to.

7. In general, what changes have there been to how and where diagnostic tests are carried out in recent years?

Answer: There have been no significant changes in diagnostics during the last few years. Greater choice of provision has been made available by the introduction of private sector provision including access to radiology at Beneden Hospital for patients living in the Weald and to Fawkem Manor hospital for patients living in the Dartford, Gravesham and Swanley.

Brain Natriuretic Peptide (BNP) analysis prior to requesting an echocardiogram is now standard across NHS West Kent. Community provision of echocardiograms was introduced as part of the cardiology GP with special interest (GPwSI) service run from the Snodland Medical Centre.

8. What plans have been or are being made to modernise pathology services across Kent?

Answer: The Kent and Medway pathology network has acted as the hub for the modernisation of pathology services across Kent for over four years. During this time pathology has undergone a series of service redesign including increased automation, changes in the staffing skill mix and the merger of Haematology and Clinical Chemistry to create a Blood Sciences discipline.

The Network has recently commissioned a partner (through a tendering process) to assist in the service modification and reconfiguration of the whole network. This will deliver full business cases (FBCs) to meet the projects aims. These are:

- a. Produce FBCs for the service modification and reconfiguration of the network to ensure best value is both available and provided
- b. Identify other potential options within the constraints of service modernisation, financial resources, clinical adjacencies and local NHS re-configuration
- c. Identify areas of risk
- d. Identify potential areas of cost savings
- e. Identify best use of facilities, staffing, financial resources and equipment.
- f. Fully involve representative staff from all laboratories across Kent and Medway

9. How are test results communicated to a patients GP how long does this normally take and are there any specific challenges in this area

Answer: Results are communicated via a written report, with the exception of Pathology which is sent via electronic transfer. Reports are normally received within 72hrs of release. Pathology data is normally available to the GP within 24hrs of release.

10. Specifically on the topic of audiology , how long are waiting times for replacement hearing aids and does the length of time for an appointment depend on whether a full test is required?

Answer: The waiting times for a replacement hearing aid are between 1 to 2 weeks for a straight replacement. If a full test is required the waiting times are 2 to 4 weeks. The increased waiting time is because the addition of a hearing test increases the appointment time by 15 minutes and cannot be undertaken by an ATO (Assistant Technical Officer).

An additional factor is earmoulds - if the mould is serviceable or if the aid has a life fitting the aid can be replaced immediately. If not, a new mould needs to be made. Priority moulds have a two week lead time and standard moulds have a five week lead. New moulds can be posted to patients that are able to self fit avoiding the need for attendance. If the patient is unable to self fit they may have to attend a clinic to be fitted with the replacement aid as a follow-up.

11. Can you please outline how paediatric audiology assessment services are organised in your health economy and whether there are any changes being planned or undertaken?

Answer: All new born babies are initially screened as part of the new born hearing screening programme (on maternity wards). In addition, children who are found to have hearing difficulties either by health or social visitors , school nurses or GP's are referred into paediatric services for initial assessment and from there onto paediatric audiology services. A number of community clinics run by consultants and audiologists exist across the primary trust area. These clinics are based at Hawkhurst, Sevenoaks and Gravesham community hospital. The service currently provided at Preston Hall is due to be phased out, and discussions around future provision in Maidstone are ongoing. The waiting time for these clinics is currently 4 weeks.