NHS
Eastern and Coastal Kent

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Diagnostics- Waiting Times

Introduction

1. This report has been compiled to address the subject of diagnostic waiting times. This has been a challenging area for NHS Eastern and Coastal Kent (NHS ECK) in terms of commissioned providers meeting the national target of zero numbers of people waiting longer than 6 weeks for their test. The report demonstrates the size of the challenge and shows the improvements made in waiting times over the past two years.

2. 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.

3. It is also noted that the HOSC have 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.

4. The population in NHS Eastern and Coastal Kent is around 710,000. The majority of diagnostic testing is carried out in the acute sector at East Kent University Hospitals Trust and Medway Foundation Trust. The PCT is working towards developing a greater range of diagnostic service within community settings.

Overview

5. 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.

6. 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.

7. Tests carried out as part of a national screening programme (such as mammograms for breast screening or colonoscopy for bowel screening) are not included in this report as they are monitored separately and will be reported to HOSC within the cancer waiting times report. However, any subsequent diagnostic that is triggered by an abnormal screening result will be included but not identified separately.

8. 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.

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

10. 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, Cardiology electrophysiology, Neurophysiology, Respiratory physiology (Sleep Studies), Urodynamics

Endoscopy:

Gastroscopy, Colonoscopy, Flexi-Sigmoidoscopy, Cystoscopy

The 'other' tests include colposcopy, laparoscopy, bronchoscopy, nuclear medicine, unspecified imaging, lung volumes and gas exchange. This group of tests is reported quarterly and expectations are for zero breaches.

11. The position at April 2008 showed over 3,000 people waiting more than 6 weeks within the 15 key tests. The majority of these were within endoscopy and Dexa scans. The detail is provided within the response to question 1.

12. It has been challenging to resolve all the issues with our diagnostic providers as the tests are diverse and the responsibility therefore of a number of managers within provider services.

13. By April 2009 although the position was markedly improved, with about 380 people waiting longer than 6 weeks the PCT was concerned that despite assurances that

the position was being resolved, evidence of progress was patchy. The majority of breaches at this time were for neurophysiology.

14. Only 2 tests regularly maintained a zero breach position throughout 2009. These were barium enemas and cardiology electrophysiology. The major challenge during the year was the fluctuating position of endoscopy breaches at the main provider.
15. Through contractual performance management arrangements an action plan was agreed to address all breaches. This was monitored weekly and reported on monthly.

16. By April 2010 the number of breaches had reduced even further to just 14. The position for endoscopy has been zero breaches since March 2010 and sustainability is being monitored.

17. The reasons for the breaches that continue are a combination of unexpected events such as patient unavailability or equipment failure. In order to address issues that are within the control of the provider, such as equipment failure or staffing, the PCT has requested plans from all diagnostic test areas to achieve a regular 4 week wait time. This will then allow a 2 week buffer to manage the unexpected challenges as they arise.

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: During the past two years over 250,000 diagnostic tests per annum have been carried out across NHS ECK. It should be noted that the numbers below are the number of tests not the number of patients. Table 1a show the number of diagnostic tests for each of the past two years within an acute setting for NHS ECK patients.

Name of Test	2008/09 Number of tests	2009/10 Number of tests
Magnetic Resonance Imaging	40,916	49,648
Computed Tomography	62,846	72,198
Non-obstetric ultrasound	88,772	89,327
Barium Enema	3,927	3,729
DEXA Scan	5,010	4,543
Audiology - Assessments	18,662	16,814
Cardiology – echocardiography	11,004	10,674
Cardiology – electrophysiology	25	28

Neurophysiology – peripheral neurophysiology	3,853	3,803
Respiratory physiology – sleep studies	1,045	1,348
Urodynamics – pressures & flows	686	679
Colonoscopy	4,876	5,323
Flexi sigmoidoscopy	1,657	1,985
Cystoscopy	3,452	3,618
Gastroscopy	5,598	6,380
Totals	**252,329**	**270,097**

Table 1a

Some diagnostic tests are now commissioned within primary and community settings. Many of these services only commenced in 2009/10 on an "Any Willing Provider" contractual basis that does not offer guaranteed levels of activity or value (Department of Health guidance on this form of contract does not allow the PCT to agree contract values or activity levels, but we can identify an indicative expectation of these). It is expected that additional providers in the community will be identified and contracted with during 2010/11 and beyond.

The average numbers of weeks patients have had to wait for their diagnostic test has reduced from 7.04 weeks in April 2008 to 2.38 weeks in April 2010. During this two year period there have been many variations in the waiting time performance of the 15 key tests. An example of this is neurophysiology where, due to staffing issues, the actual number of patients waiting increased from 193 in 2008 to 252 in 2009. The service was based around an individual specialist, which meant that the tests were not being done and the number of patients waiting increased whenever that individual took leave. To resolve this, additional specialist time was provided through locums (now being made substantive) specifically to address the waiting list. Individual breach reports are requested as a breach occurs to fully understand why the 6 week target has not been achieved and to seek assurance that remedial action has been taken to address the reason why it happened. Table 1b shows for the last two years, the average waiting time for each of the 15 diagnostic tests and the actual number of patients waiting longer than 6 weeks for each of the 15 diagnostic tests.

Name of Test	April 08 Ave weeks wait	No. waiters > 6 weeks	April 09 Ave weeks wait	No. waiters > 6 weeks	April 10 Ave weeks wait	No. waiters > 6 weeks
Magnetic Resonance Imaging	2.84	42	2.49	12	2.29	1
Computed Tomography	2.33	20	2.42	18	1.75	0
Non-obstetric ultrasound	2.61	50	2.31	5	2.21	8

Barium Enema	2.18	2	2.24	0	1.76	0
DEXA Scan	8.50	550	2.03	0	1.71	0
Audiology - Assessments	3.32	1	2.97	1	2.52	0
Cardiology – echocardiography	3.04	11	2.86	2	2.88	2
Cardiology – electrophysiology	0	0	0.00	0	0	0
Neurophysiology – peripheral neurophysiology	6.58	193	7.48	254	2.32	1
Respiratory physiology – sleep studies	4.18	26	4.35	22	2.43	0
Urodynamics – pressures & flows	11.93	70	5.65	19	3.52	2
Colonoscopy	19.09	847	3.55	9	3.03	0
Flexi sigmoidoscopy	15.50	290	3.58	1	3.47	0
Cystoscopy	8.92	169	4.32	31	2.62	0
Gastroscopy	14.68	784	3.58	14	3.26	0
Totals	**7.04**	3055	**3.32**	388	**2.38**	14

Table 1b

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 patients have their diagnostic test in acute settings and these are reflected in Table 1a.

The PCT also has community contracts for some diagnostic services although these are not required to be recorded in the monthly reporting figures. The waiting times in community and primary care settings are all below six weeks as patients can access the services locally and each individual practice makes their own booking arrangements. Table 2 shows estimated levels of community based diagnostics already under contract

Diagnostic Test	**Localities**	**Estimated level of activity in 2010/11**
Non- obstetric ultrasound	Tenterden, Ramsgate and Whitstable	4721
Echocardiography	Canterbury, Whitstable and Tenterden	497
Audiology assessments	Whitstable, Ramsgate,	2900

	Deal, Sittingbourne, Ashford, Folkestone. Dover, Wye and Margate	

Table 2

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

Contract line	**2010/11 Value (£ 000s)**
Direct access cardiology - EKHUFT	794,2
Direct access pathology - EKHUFT	12,087,8
Direct access radiology - EKHUFT	6,900,6
All Direct access diagnostics - MFT	1,601.5

Table 3

The community and primary care contracts are on a cost per case basis at agreed prices which are generally below the national tariff or locally agreed tariff for diagnostic tests. It is estimated that the spend on services as described in Table 2 will be in the region of £750,000

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

Where a GP requests a diagnostic test it is expected that a discussion takes place with the patient as to which location they attend for their diagnostic test. The PCT continually endeavours to ensure that every opportunity for provision outside normal working hours is explored within both current and new contracts. To this end EKHUFT radiology services have moved to opening from 8am - 8pm seven days a week from the beginning of July 2010. Other providers are encouraged towards weekend and evening appointments being made which is more convenient for patients.

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

The majority of diagnostic activity sits within EKHUFT and it is the responsibility of NHS ECK to performance manage this contract. Responsibility for performance management of Medway Foundation Trust lies with Medway PCT. There is a process for raising performance issues between PCTs. However, the number of breaches at MFT have been minimal to date.

The following areas were highlighted as areas of weakness:
Endoscopy services at EKHUFT. There appeared to be very little progress made in reducing to zero the numbers across the 4 endoscopy disciplines. Zero breaches were not achieved and there were wide monthly fluctuations in breach numbers. A weekly endoscopy meeting was established to discuss and resolve operational issues and to monitor the situation.

Neurophysiology at EKHUFT. This service was being run by a single specialist and was affected each time leave was taken. Therefore numbers breaching ranged from 250 in March 2009 increasing to 333 in May 2009. There was no permanent solution being offered to this issue by the provider at that time.

As part of an ongoing action plan to resolve the breach position EKHUFT agreed to achieve 100 waiters by the end of October 2009 and zero breaches at the end of December 2009. Failure of the Trust to meet these agreed targets resulted in a formal performance notice being served on EKHUFT in February 2010. This required the Trust to provide, within 5 working days, robust action plans and trajectories, which would give an assurance to the PCT that a sustainable position of zero breaches would be achieved by March 2010. Failure to achieve this could have resulted in the PCT withholding monies from the contract.

Measures that were put in place include the appointment of 4 locum endoscopists (with plans for substantive appointments to these posts), procurement by the PCT of a community based endoscopy service to increase capacity and for neurophysiology, the permanent appointment of additional qualified staff.

To date EKHUFT have made significant improvements with only 10 breaches in April and 1 breach in May reported. The PCT continue to monitor performance on a monthly basis.

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

The PALS team have identified the following number of enquiries and comments from April 2009 to June 2010 within the following areas from across NHS Eastern

and Coastal Kent. The PALS team have responded to all of the enquiries. Table 4 shows the spread of the 78 enquiries across all diagnostics.

Name of Test	Number of enquiries
Magnetic Resonance Imaging	28
Computed Tomography	8
Non-obstetric ultrasound	2
Barium Enema	2
Cardiology – echocardiography	2
Audiology - Assessments	6
Endoscopy	30

Table 4

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

The focus of the PCT is to provide care closer to home for our population. Diagnostic testing is included in this aim. In June 2008 NHS South East Coast published a vision document "Healthier People, Excellent Care – a vision for the south east coast". This pledged that for planned care diagnostic tests would be available on the local high street. Within NHS ECK the provision of primary care diagnostic services has begun as reflected in the answer to question 2. We continue to seek further opportunities to deliver more locally based, safe and cost effective services for patients. Both patients and clinicians continue to be engaged in working with us to achieve this.

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

The Kent and Medway Pathology Network are currently seeking 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:

- Produce FBCs for the service modification and reconfiguration of the network to ensure best value is both available and provided
- Identify other potential options within the constraints of service modernisation, financial resources, clinical adjacencies and local NHS re-configuration
- Identify areas of risk
- Identify potential areas of cost savings
- Identify best use of facilities, staffing, financial resources and equipment.

- 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?

Pathology test results are communicated electronically to GPs and these are sent out every 4 hours. During 2009 GPs across NHS ECK were asked whether they wished to receive a paper copy of the test results in addition to the electronic version. 90 practices responded and all requested an electronic copy only. The target time for a routine test response to GPs is 24 hours. For more specialist tests results may take longer depending upon the type of request e.g. cellular pathology can take 5 days, specialist microbiology could be 5 to 10 days, some histology may take 3 weeks. These extended result times reflect the way the test is carried out i.e a culture may need time to grow.

The major challenge within this area is the roll-out of Electronic Pathology requesting and access by GPs. A pilot project was conducted at 4 sites across NHS ECK and following a comprehensive evaluation there will be a phased implementation across all of NHS ECK This will enable GPs to not only request a test but enables the GP to see all pathology test results that their patients may have had either as an in-patient or from attending an out-patients clinic where a test has been requested. The timescales for completing this phased implementation are yet to be formally agreed.

In terms of reporting of other diagnostics, the turnaround time will be dependent upon the type of test. We use Key Performance Indicators within our contracts to specify some reporting requirements. Reporting on urgent x-ray should be within 72 hours of the test, while routine x-ray reporting should be no longer than 2 calendar weeks. Staffing issues at the provider do impact on this at times.

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?

There is currently about a three week wait for replacement hearing aids, dependant on how recently patients have had an audiogram. If this is longer ago than 6 months then a full test will need to be undertaken. Patients requiring a full test will wait an average of 6 weeks from referral through to the fitting of a new aid.

As HOSC are aware 3 years ago EKHUFT had an average waiting list of 85 weeks for audiology. There continues to be improvement and sustained investment of almost £2m. Current performance sees over 96% of patients being fitted within 8 weeks, and 88% fitted within 6 weeks.

Waiting times are not dependent on types of test and patients requiring a replacement aid due to upgrade are able to do so within the above profile. Patients requiring a new aid due to faulty or damaged apparatus are treated as requiring a full hearing test and upgrade to ensure that no deterioration in a patient's condition is missed.

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?**

All new born babies are initially screened as part of the new born hearing screening programme. In addition children who are found to have hearing difficulties either by health visitors, school nurses or GP's are referred into EKHUFT paediatric services for initial assessment and from there to paediatric audiology services. A number of community clinics run by consultants and audiologists exist across the primary trust area. The average wait for these services is reported to be between 6 and 8 weeks.