



'To Follow' Agenda Items

This is a supplement to the original agenda and includes reports that were initially marked as 'to follow'

Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday 24 April 2025

Time: 9:30am

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

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Health and Adult Social Care Scrutiny Committee 24 April 2025

Community Diagnostics

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To scrutinise the work being done to open a new community-based facility in the city designed to increase access to diagnostics services and address a waiting list backlog for diagnostic testing appointments.

2 Action required

- 2.1 The Committee is asked:

- 1) to make any comments or recommendations in response to the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB's) report on the development of a new Community Diagnostics Centre in the city and the current diagnostics services provision in place; and
- 2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

- 3.1 In 2019, Professor Sir Mike Richards was commissioned to undertake a review of diagnostics capacity in the NHS. He ultimately recommended that more diagnostics facilities should be located away from main hospital sites, such as on high streets and in retail locations, to provide quicker and easier access to a range of tests on the same day. This would support earlier diagnosis, greater convenience to patients and a reduction in health inequalities. As a result, new Community Diagnostics Centres (CDCs) have been developed to:
- increase and optimise diagnostic capacity in the longer term through the separation of acute and elective diagnostic provision – providing benefits in terms of efficiency and quicker access to testing and improved convenience for patients;
 - improve patient experience of the diagnostic process and facilitate earlier diagnosis of a range of conditions, providing a suite of tests in one day in a single location where possible;
 - be located to improve access for more deprived populations with higher levels of health inequalities and health needs; and
 - protect diagnostics capacity from any future pandemics by minimising risks of transmission between patients, visitors and staff during the diagnostic process, largely through the separation of acute and elective capacity.

- 3.2 The NHS Nottingham and Nottinghamshire Integrated Care System (ICS) secured £50 million in capital funding to build two CDCs within its area, with one to be established in Mansfield and one within Nottingham as part of the Broad Marsh redevelopment. It was initially intended that the city centre CDC would open in Spring 2025, but construction is now due to begin shortly for it to become operational during Summer 2026 – to deliver approximately 150,000 tests each year once fully open. The CDC will provide a full range of diagnostic tests, with the site located so as to be accessible to the most deprived communities, being within a short walking distance of bus stops, the train station and tram stops.
- 3.3 The Covid-19 pandemic had a substantial impact on diagnostic services in terms of reducing capacity and throughput, leading to a large increase in waiting times and backlogs. The combination of reduced activity and growth in demand from both elective and emergency services led to significant increases in waiting times and backlog waits. This peaked in March 2022, but significant progress has been achieved since to reduce these waiting times and backlogs. As of January 2025, the Nottingham University Hospitals NHS Trust (NUH) has been able to see 71% of diagnostics patients within 6 weeks, with the number of patients waiting over 6 weeks being 5,520 – with 654 waiting for over 13 weeks. In parallel to the new CDC being constructed to further increase capacity, NUH will also deliver an additional 24,500 diagnostics tests from the Platform One practice, using national CDC Accelerator funding.
- 3.4 The complexity of the CDC site (including the existence of asbestos and the requirement to undertake an ecological survey) has meant that a longer design and evaluation period was needed than was originally anticipated. As a result, the ICB and NUH are working with Homes England (as the new landlord for the site) to agree the technical design in advance of starting construction work. The timely staffing of the CDC may also present challenges due to a national shortage of specialist roles, so nine appointments have been made to CDC positions already, split between the current delivery of diagnostics services at temporary locations and some early recruitment of the ‘difficult to recruit’ roles.

4 List of attached information

- 4.1 Report: Nottingham Broad Marsh Community Diagnostic Centre

5 Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 [Diagnosics: Recovery and Renewal - Report of the Independent Review of Diagnostic Services for NHS England](#)

7 Wards affected

7.1 All

8 Contact information

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Briefing for Nottingham HSC

Nottingham Broad Marsh Community Diagnostic Centre

1. Introduction

2. In 2019, Professor Sir Mike Richards was commissioned to undertake a review of NHS diagnostics capacity (NHS Long Term Plan). The independent report, [Diagnostics: Recovery and Renewal \(DIAGNOSTICS: RECOVERY AND RENEWAL – Report of the Independent Review of Diagnostic Services for NHS England – October 2020\)](#), recommends the need for a new diagnostics model, where more facilities are created in free standing locations away from main hospital sites, including on the high street and in retail locations, providing quicker and easier access to a range of tests on the same day, supporting earlier diagnosis, greater convenience to patients and a reduction in health inequalities.
3. The report identified a clear need for a medium to long term increase in diagnostic capacity both in terms of equipment/ facilities and workforce. In addition, a major drive on efficiency was required. A key component of this ambition will be to streamline diagnostic services. Acute (A&E and inpatient) and elective (GP and outpatient) diagnostics should be separated wherever possible. Streamlining will help address the current backlog and aid the longer-term recovery of services.

4. Community Diagnostic Centres (CDCs)

5. CDCs are seen as a key element of delivering this increased capacity and efficiency.
6. The aim of the CDCs is to:
 - Increase and optimise diagnostic capacity in the longer term through the separation of acute and elective diagnostic provision – providing benefits in terms of efficiency and quicker access to testing and improved convenience for patients.
 - Improve patient experience of the diagnostic process and facilitate earlier diagnosis of a range of conditions, where possible providing a suite of tests in one day in a single location.
 - Be located to improve access for deprived populations with higher levels of health inequalities and health needs.
 - Future proof diagnostic capacity from future pandemics by minimising risks of transmission between patients, visitors and staff during the diagnostic process, largely through the separation of acute and elective capacity.

7. The ICS has been successful in securing £50m capital funding to build two CDCs within the ICS. The first located at Mansfield Community Hospital, to be delivered by SFH ([Community Diagnostic Centre - Sherwood Forest Hospitals](#)). Elements of the service are already operational within the existing Community Hospital, and construction is well underway with planned opening of the whole facility in April 2026.
8. The second CDC will be located in Nottingham City within the Broad Marsh redevelopment, delivered by NUH ([Community Diagnostic Centre | NUH](#)). Construction is due to begin in Spring 2025 and become operational in Summer 2026. NUH is awaiting the outcome of a further bid (£5m) which would significantly increase the number of CT and MRI machines being commissioned within the CDC. This additional funding would see an increase from one machine each, to three each from Day 1 of the centre opening, rather than needing to seek funding once open and provide a gradual increase in machinery and thus available appointments.
9. Both centres will deliver the full range of diagnostic tests, co-located in a state-of-the-art facility. Both have been strategically located in close proximity to the system's most deprived populations with excellent access via car and public transport. Both are within a short walking distance to bus stations, train stations and, in Nottingham's case, tram stops. Both centres also have disabled parking provisions nearby. Both CDCs will deliver approximately 150,000 tests once fully open.
10. In the first full year of operation (2027/28) the Nottingham Broad Marsh CDC aims to deliver the following activity. The table reflects the expected increase in MRI and CT capacity pending the successful award of the additional £5m capital.

	No. of tests (1 MRI, 1 CT)	No. of tests (3 MRI, 3 CT)
MRI	7,400	22,300
CT	9,300	27,800
Ultrasound	7,700	7,700
X-ray	21,300	21,300
Echo	5,000	5,000
ECG	11,900	11,900
Ambulatory ECG	3,000	3,000
Respiratory physiology	17,300	17,300
Phlebotomy	29,000	29,000
Point of care testing	3,400	3,400
Total	115,300	148,700

11. Diagnostic Backlogs and waiting times.

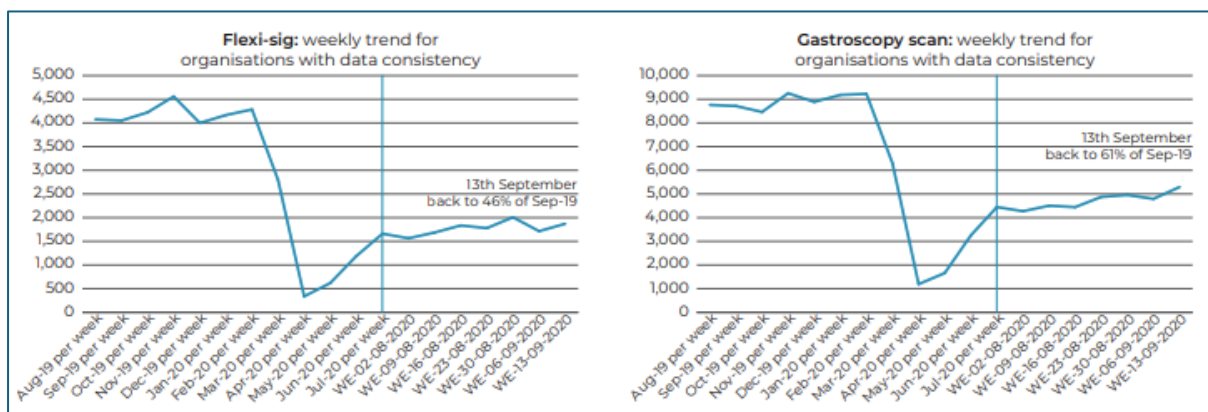
12. The Covid-19 pandemic had a significant impact on Diagnostic Services in terms of reducing capacity and throughput, leading to a large increase in waiting times and backlogs.

13. Hospitals saw marked falls in all diagnostic modalities, but especially in Endoscopy, where procedures of all types almost ceased at the height of the pandemic because of justified concerns about aerosol generating procedures (e.g. bronchoscopy and gastroscopy) and the excretion of virus or viral particles in faeces (e.g. colonoscopy).

14. Throughput in CT and MRI scanning was also markedly reduced at the peak of the pandemic, because of the need for deep cleaning if the patient was known to be Covid-19 positive or their Covid-19 status was uncertain.

15. The Covid-19 pandemic also placed an extraordinary burden on certain pathology services. Staff sickness, self-isolation and shielding further compounded the difficulties in delivering diagnostic services.

16. The graphs below show the impact on Endoscopy activity for two key procedures.



17. Patients recovering from Covid-19 were found to have respiratory and cardiac problems. This placed additional demands on a range of diagnostic services including chest X-ray, CT scanning, cardiac MRI, lung function tests and echocardiography. CT demand from Urgent Care services has in particular seen significant increases in demand.

18. The combination of reduced activity and increases in demand from both elective and emergency services led to significant increases in waiting times and backlog waits. This peaked in March 2022 within the ICS, with the percentage of patients seen within 6 weeks at 64%, the number of patients waiting over 13 weeks at a record level of 5,254 and similarly for over 6 weeks at 13,479. For NUH, the figures were percentage of patients seen within 6 weeks at 55%, the number of patients waiting over 13 weeks at a record level of 4,610 and similarly for over 6 weeks at 9,390.

19. Significant progress has been achieved in reducing waiting times and backlogs. As of Jan 25, the percentage of patients seen within 6 weeks had increased to 79%, number of patients waiting over 13 weeks reduced to 808, and similarly for over 6 weeks reduced to 6,790. For NUH the figures were percentage of patients seen within 6 weeks at 71%, number of patients waiting over 13 weeks at 654 and similarly for over 6 weeks at 5,520.
20. This has been achieved through a combination of actions. Waiting List Initiatives (WLIs), outsourcing and insourcing Independent Sector capacity, increased productivity e.g. through reductions in DNAs, validation of waiting lists, digital implementation, mutual aid from other providers both from within the ICS and external, Community Diagnostic Centre (CDC) accelerator capacity (see paragraph 23), and increased grip and control both within Trusts and the ICB.
21. NUH's most challenged diagnostic modalities in terms of backlogs and waiting times are MRI, CT, Dexa and ECHO.
22. The chart below, which uses national data, shows a continued reduction in 2024 of patients waiting over 13 weeks at NUH. Local data shows this has reduced further to 505 at the beginning of March.



23. In parallel to the CDC being constructed, NUH will deliver an additional 24,500 tests from the NEMS Platform One location in Nottingham City Centre in 25/26, funded by National CDC Accelerator funding. This will be in addition to the continued actions described in paragraph 20. A breakdown in these additional provisions is provided below;

MRI	9,700
Ultrasound	6,000
Echo	4,500
Ambulatory ECG	1,900
Respiratory physiology	5,300
Total	24,500

24. Risks

25. The Nottingham CDC Programme is in a transition period as the Broad Marsh development has acquired a new landlord. The new landlord (Homes England) shares NUH's commitment to a rapid start to the works and we continue to have positive and frequent engagement with the organisation. Once we have a legal design approval in place we will be able to access the site to begin the CDC construction.
26. The complexity of the site – including the existence of asbestos and the requirement to undertake an ecological survey - has meant a longer design and evaluation period. We are now working with the new landlord to agree the technical design, which is needed before the legal licence can be agreed and works start.
27. The refurbishment of a 50-year-old reinforced concrete structure in a busy city centre location will invariably hold some risks, which will only be uncovered when work starts on site. To mitigate this, a series of regular meetings between NUH, its principal contractor, the landlord and Nottingham City Council will be established, with escalation meetings called as required.
28. Further risks include the recruitment of the CDC workforce - some in nationally difficult to recruit roles, such as radiographers. NUH already has an evolving workforce plan in place, including the training up of staff into key roles, early recruitment of 'difficult to recruit' roles and the rotation of existing acute site-based staff, with the CDC. As a result, we have already recruited nine permanent CDC roles, split between those delivering activity at the temporary location and some early recruitment of the 'difficult to recruit' roles.

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