CHE Research Summary 30

The effect of community diagnostic centres in England

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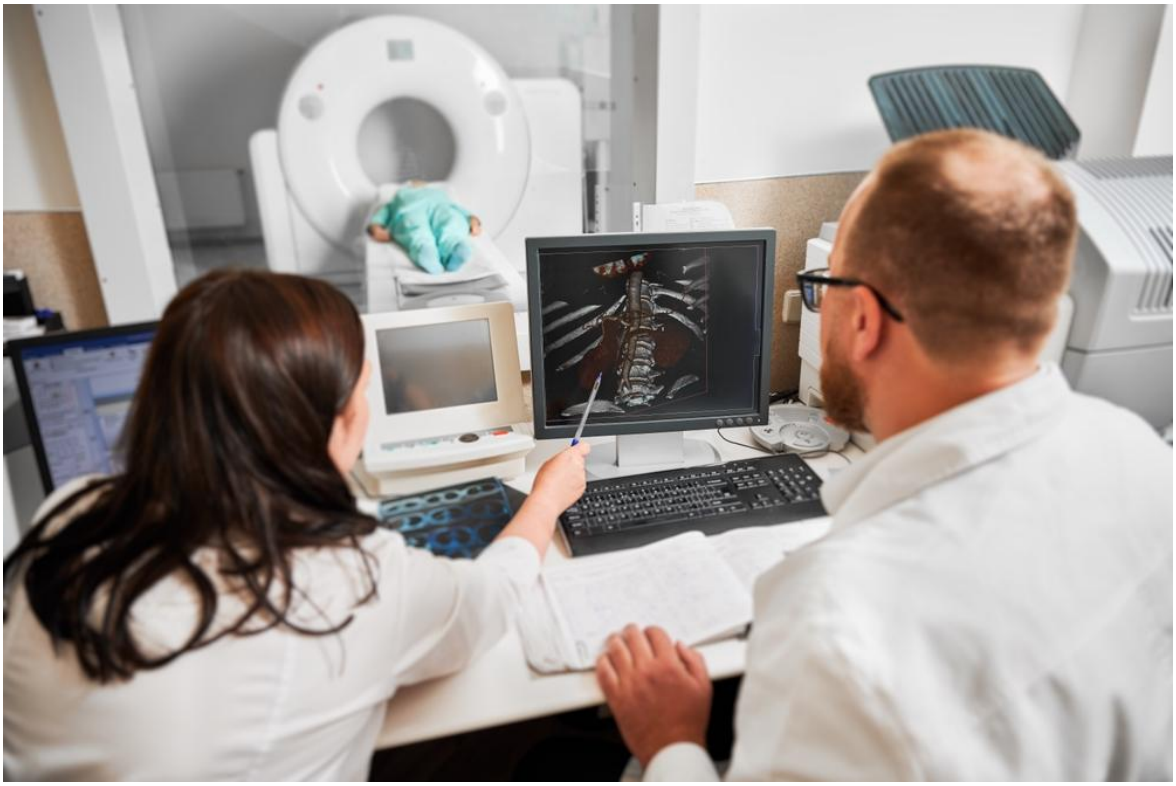

A continuing concern in publicly-funded health systems is long waiting times for diagnostic tests such as scans, endoscopies and ultrasounds. A recent policy response in England is the introduction of new "community diagnostics centres" (CDCs), providing dedicated diagnostic services. Our research tested whether the CDC programme helps to address the problem of long waits for diagnostic tests.

The CDC policy was launched in 2021 with 40 new CDC facilities, growing to more than 100 by mid-2023, and aims to reach 160 by 2025. The centres serve several purposes. First, they increase diagnostic capacity through the provision of more machines and staff. In particular, the programme involves the largest central cash investment in Magnetic Resonance Imaging (MRI) scanners and Computerised Tomography (CT) scanners in the history of the NHS. Second, they separate planned diagnostic facilities from emergency care, ring-fencing staff and capital. Third, they aim to reduce health inequalities by providing better access to diagnostic testing in more deprived areas of the country.

Our research is the first to investigate the potential impact of the ongoing policy. Using

NHS diagnostic data from England, we found that the CDC programme increased the number of planned diagnostic tests in areas where they were introduced by between 6 and 10 percent. Importantly, our findings suggest that this effect is mainly driven by hospital trusts that have CDCs located in relatively income-deprived areas. We also found that a substantial proportion of the increase in tests comes from MRI scans.

However, our results show little evidence that the CDC programme has reduced waiting times for a diagnostic test. One reason for this may be that the increased availability of diagnostic tests has met with higher demand. Using a simple calculation from our analysis, we find that the CDC policy could lead to an increase in test volume of around 2.5 million over five years, falling short of the government's target of 9 million additional tests by 2025. However, this may be a conservative estimate of potential additional tests, as it does not take into account the opening of new CDCs throughout 2023 and 2024, but this could be investigated further in future research.

In the meantime, decision makers introducing any new CDCs should consider the impact of their location on inequality in access to diagnostic tests.

Read the full paper in Health Policy

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