

Community Diagnostics - Information Gathering Exercise

Aim The Health Science Branch within Welsh Government, overseen by the Deputy Chief Scientific Advisor for Health, intend to determine if there is a requirement for a strategic national vision for community diagnostics in Wales. We are seeking contributions from key stakeholders across Wales to help define the outline of this work. We wish to clarify the definition of 'community diagnostics' and ensure the term is used with consistency and clear meaning with the intention of pursuing a coordinated future development plan.

To inform this development plan, we first require an understanding of the current provision of community diagnostics in Wales, together with an understanding of what a programme of community diagnostics should and should not include. Also, we need to establish which key stakeholders need to be involved in its development and advancement. We are aware that some initiatives in this area are already underway, and therefore we are keen to learn the key lessons from this preparatory work that will help to shape and inform a coherent national approach, and a robust model for future service delivery.

Purpose We have initiated a programme of work to explore and develop the future role of diagnostic services across Wales. 'A Healthier Wales: our Plan for Health and Social Care' sets out the Government's commitment to bold, new models of local health and social care built upon the philosophy of Prudent Healthcare. This sets out a vision to decrease dependence on a hospital based diagnostics system to a community based model focussed on earlier detection, prevention and care closer to home. The purpose of this work is for Welsh Government and NHS Wales to have a clear co-owned narrative on community diagnostics, as part of the wider diagnostic programme, which is able to articulate a vision of the future and also sets out a range of actions to develop and transform services with scale and pace.

Context It is a well understood position that prior to the pandemic diagnostic services were under significant pressure. This has been exacerbated by new stresses through the pandemic and as such key national stakeholders have identified Welsh Government as leaders in providing national direction towards developing an optimised approach to the delivery of diagnostics. We are keen to explore how community diagnostic models could align with the existing desires of Welsh Government, transform the way we deliver future diagnostics for the people of Wales, and also add resilience should we face a future public health crisis similar to COVID-19.

Our Ask In order to inform the scope of this work, below there are a short series of questions which we would like you to answer as you see appropriate. Please send in your responses by CoP on 26th March 2021. Any other queries please forward to HSS-HealthSciences&AHPs@gov.wales

1. Would you consider all of the following to be within the scope of community diagnostics in the following and any other relevant disciplines? If not, why not?

Physiological Sciences: Physiological measurement (e.g. respiratory/ blood pressures), PoCT, Audiology, Ophthalmology, Cardiac Physiology

Life Sciences: inc blood sciences, genomics Imaging:

Diagnostic radiology (CT, MRI, Planar x-ray), Obstetric and non-obstetric ultrasound, Endoscopy,

We are pleased that the Health Science Branch programme of work to explore and develop the future role of diagnostic services across Wales. The independent Review of Diagnostic Services for NHS England October 2020 ¹ highlighted the need for radical reform in diagnostics services. The Covid-19 pandemic has further amplified the need for radical change in the provision of diagnostic services to improve patient care. Diagnostics closer to home and fewer outpatient attendances also reduces patient journeys and thus improve sustainability, contributing to the NHS ambition to become Net Zero.

We agree that the listed diagnostics should be considered within the scope of community diagnostics.

Vision for Pharmacy in Wales

The Welsh Pharmaceutical Committee has created a vision for pharmacy² in Wales aligned to 'A Healthier Wales: our Plan for Health and Social Care'. Many of the goals in this vision, if implemented, will support the goal of decreasing dependence on a hospital based diagnostics system to a community.

Key principles include:

- Streamlining patient pathways to ensure timely access to care
- Care being delivered in local communities with pharmacy teams integrated with other services to improve the health and wellbeing of the population.
- Ensuring that people with the greatest needs have increased access to care from the pharmacy team
- All patients that have stable, well controlled long term conditions (LTCs) will be monitored and managed in their community pharmacy
- We will use advances in technology to help people get the best health and medicines outcomes

The concept of the Inverse Care Law, proposed thirty years ago by Julian Tudor Hart, describes a perverse relationship between the need for health care and its actual utilisation. The network of more than 700 community pharmacies helps to buck the trend of the inverse care law. The accessibility of pharmacies at the heart of communities provides an opportunity to offer easier access to diagnostics. They are well placed to provide community diagnostics close to peoples homes, and act as a gateway for referral to appropriate services that address patients' needs.

Community pharmacies successfully offer some diagnostic tools, such as:

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf>

² <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/Pharmacy%20Vision%20English.pdf?ver=2019-05-21-152234-477>

- Point of care testing ,such as the rapid antigen testing to support bacterial tonsillitis ³, has been successfully rolled out in community pharmacies across Wales .
- Urinalysis to support a diagnosis of Urinary Tract Infections⁴
- Diabetes screening using blood diagnostics (HBA1C⁵)
- Blood borne virus screen to detect HIV and Hepatitis in community pharmacy, there is a national programme in England⁶
- Routinely carrying out Physiological measurement such as BP and some respiratory measurements

Using Pharmacist prescribers in the community

A key goal in Wales is to have an Pharmacist Independent Prescriber (PIP)in every community pharmacy with an increased focus on prevention and early detection of illness. In order to support better, and safer, patient pathways pharmacists working as prescribers in any care settings must have the ability to request and view results of diagnostic investigations. PIPs will be responsible for receiving the result and then acting on it. This would save GP time and give patients quicker access to results, streamlining the whole process.

Pharmacogenomic testing in the community

Advanced medical therapies and pharmacogenomic therapy are emerging fields of health care that offer cutting edge advances in medicinal treatment. While advanced medical therapies focus on the use of the treatment of genetic disorders as well as the repair and regeneration of human tissue, pharmacogenomics focuses on the influences of genetic variations in individual responses to medicines and helps to determine the development of personalised medicines. With genetic factors accounting for between 25% and 50% of sub-optimal medicine responses, pharmacogenetics has the potential to greatly improve the effectiveness of medicines by personalising care.

Pharmacists are particularly well placed to lead on these new therapies and will have an increasingly important role in their governance and management, including the use, storage, handling, logistics and ethical considerations of introducing these new approaches. With combined scientific and clinical knowledge and training. pharmacists are well placed to communicate complex drug information in a way that is understandable to patients. Pharmacists also have the potential to offer patients the opportunity to benefit from these emerging new technologies in their own communities.

There are numerous international examples of services that employ pharmacists to lead on pharmacogenomics (Norway, the Netherlands, Australia, Canada and the USA)². These services allow patients who report treatments as ineffective or have experienced adverse drug reactions to be identified by their community pharmacists for a genetic diagnostic test within the pharmacy. The pharmacist will then interpret and explain the result to the patient before agreeing any action tailored to the patient's genetic makeup

³ <https://www.healthtechnology.wales/reports-guidance/rapid-antigen-detecting-tests/>

⁴ <https://pharmaceutical-journal.com/article/research/evaluation-of-a-community-pharmacy-service-for-uncomplicated-urinary-tract-infection>

⁵ <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/diabetes/diabetes-good-practice-examples>

⁶ <https://psnc.org.uk/services-commissioning/locally-commissioned-services/blood-borne-virus-screening/>

2. Are there any others that should be in scope? If so, what?

The independent Review of Diagnostic Services for NHS England October 2020 ⁷ identified a number of other diagnostic services may well be located within CDHs. Examples include:

- mammography
- DEXA scan
- antenatal screening
- hysteroscopy and colposcopy
- cystoscopy
- urodynamics
- fibroscan
- Children's investigations (such as lymphadenopathy, chronic abdominal pain and palpitations/syncope often require blood tests, ultrasound, plain X-ray and/or 24-hour ECG monitoring)

We would recommend that the review of community diagnostics also considers:

- A range of digitally enabled home-based services
- Mobile diagnostic services in some locations.
- Full digitisation, IT connectivity and interoperability across the NHS from primary to secondary and tertiary care will need to be prioritised if the benefits of improved diagnostic services are to be realised.
- The need for consulting rooms may be valuable alongside diagnostic facilities for assessment of patients with a range of conditions and for explaining findings of investigations

To ensure patients can benefit from accessible and innovative service design the NHS should always consider the network of community pharmacies already engrained within communities when commissioning community diagnostic services. Diagnostic services should be considered on a model of capability and skill mix rather than role definition.

⁷ <https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf>