

Review of NHS diagnostic services

Summary impact report (12 month)

The report findings and recommendations

1. The Auditor General for Scotland (AGS) performance audit study *Review of NHS diagnostic services* was published on 20 November 2008.
2. The review found that NHS boards have significantly reduced waiting times for eight endoscopy and radiology tests by using additional funding and changing how they manage and deliver services. However, they could still do more to improve diagnostic services for patients, for example, by offering appointments that are more convenient for patients and reporting test results quicker. It also found variation in the efficiency of diagnostic services so there is scope for boards to use resources better.
3. The report includes 19 recommendations for the Scottish Government, ISD Scotland and NHS boards. The recommendations relate to: ensuring diagnostic services are as efficient as possible; improving the patients' experience of diagnostic services; and improving the quality and consistency of national data to enable efficiency comparisons and to identify potential improvements. Appendix 1 shows how recommendations relate to the areas of impact.

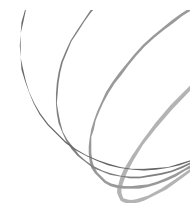
Media interest and report downloads

4. On publication, the report generated 32 media items in local radio, local, and national press and the specialist press, which is around average for a report that was expected to be high profile. Three months after publication there had been 733 downloads of the report, key messages and podcast from our website, which is below the average of 1,639 for a high profile report. A year after publication there had been 2,249 downloads, also below the average of 3,237 for this category.

Parliamentary scrutiny

Scottish Parliament committees

5. The Director of Public Reporting (Health and Central Government) gave a briefing to the Scottish Parliament's Public Audit Committee on 26 November 2008. The Committee's main concerns were around our findings that there are inconsistencies in how NHS boards record data and there is a lack of information for management and monitoring purposes. It agreed to note the report and to examine the issues again when the Auditor General next reports on the matter. On 7 June 2009, the Committee considered some of the issues relating to data gaps and data recording when the Auditor General gave a briefing on recent Audit Scotland reports which identified these issues across the NHS in Scotland.



Significant developments

6. The Diagnostics Steering Group of the Scottish Government published a report in September 2009 which sets out an approach to benchmarking radiology services and how the NHS in Scotland will deliver the key recommendations in Audit Scotland's report.¹ The Group had prepared a draft of the report in advance of the Audit Scotland report and then revised it to incorporate our findings and recommendations. The Steering Group's report contains 14 recommendations relating to radiology services and states that the group will issue a detailed action plan in early 2010 to support NHS boards in meeting these recommendations.
7. The Steering Group's report does not cover laboratory and endoscopy services, however the Scottish Pathology Network (covering laboratory services) will now report into the Managed Diagnostic Network set up by the Diagnostic Steering Group.² The strategic direction for these services is currently being developed and so we do not yet know the impact of Audit Scotland's specific recommendations without doing more detailed work. In terms of endoscopy services, the National Endoscopy Lead for Scotland also links into the Managed Diagnostic Network but there is limited evidence of specific actions taken on Audit Scotland's recommendations. As part of the 18 weeks referral to treatment strategy, endoscopy units across Scotland are taking part in a service accreditation that assures the training and service aspects of endoscopy.³ A two year roll out of visits across NHS boards, supported by NHS Quality Improvement Scotland, started last year.
8. The Diagnostic Steering Group report picked up on almost three-quarters of Audit Scotland's recommendations relating to radiology services, however we will need to see if these are reflected in the action plan it intends to issue this year. Most of the recommendations in Audit Scotland's report are for NHS boards but we have not carried out any follow-up work with boards at this stage.

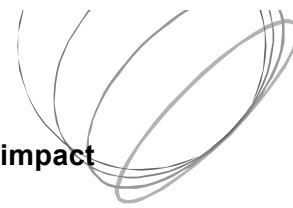
¹ NHS Efficiency and productivity Programme, NHS Scotland Report of the Diagnostic Steering Group.

www.scotland.gov.uk/Publications/2009/09/02090823/0

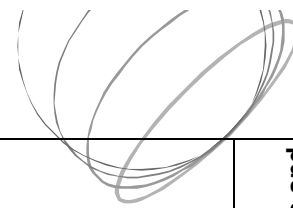
² The Scottish Pathology Network's main focus is delivering a national perspective on the development of histopathology and cervical cytology services across Scotland. It consists of all NHS pathology services in Scotland and has a representative steering group which meets 2/3 times per year. It evolved from the previous North and East of Scotland Pathology Network (NESPAN) and the West of Scotland Network.

³ NHS QIS Joint Advisory Group (JAG)

Appendix 1 – Summary of report impact by Audit Scotland’s framework for measuring impact



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Media interest generated by the report’s publication	●			
The Scottish Parliament Public Audit Committee considered the report	●			
Impact of report’s recommendations (where known)				
The Scottish Government should work with NHS boards to develop guidelines on good practice turnaround times for diagnostic tests		●	●	●
NHS boards should benchmark with endoscopy units across the UK which are returning better Global Rating Scale scores to identify good practice that can be applied locally				●
NHS boards should offer patients a choice of date and time for all elective diagnostic appointments			●	●
NHS boards should set local targets for test turnaround times that reflect their clinical urgency, and monitor performance against these		●	●	●
NHS boards should pool waiting lists for diagnostic radiology and endoscopy tests across consultants				●
NHS boards should put in place protocols and referral guidelines to ensure referrals for diagnostic tests are appropriate		●	●	●
NHS boards should increase the range of diagnostic tests that GPs can refer patients for directly through clear protocols			●	●
NHS boards should collect and monitor information on the source and level of demand for diagnostic tests and feed referral rates back to GPs and clinicians		●	●	●
NHS boards should ensure that diagnostic services are included in longer term planning for achieving and maintaining the new 18-week referral to treatment target		●		●
The Scottish Government should ensure NHS boards share referral guidelines and templates to avoid duplication of work		●	●	



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
NHS boards should work with ISD Scotland to standardise the way diagnostic activity is counted and ensure data are recorded consistently	●	●		
NHS boards should improve collection and reporting of local information on the performance of diagnostic services	●	●	●	
NHS boards should ensure that the data they report to the Cost Book reflects the data they report to the Keele Benchmarking Scheme and NHSScotland Radiology Benchmarking Project	●	●		
NHS boards should review performance of their diagnostic services against indicators of efficiency and make use of benchmarking data to identify potential improvements on an ongoing basis		●	●	
NHS boards should develop guidelines for clinicians and GPs to help reduce repeat testing			●	
ISD Scotland should work with the Scottish Government and NHS boards to improve the quality and consistency of national datasets that include diagnostic services, particularly the Cost Book	●			
The Scottish Government should work with NHS boards and ISD Scotland to improve data collection systems for all diagnostic services as a matter of priority	●	●		
The Scottish Government should work with NHS boards to develop an up-to-date system to weight radiology and endoscopy activity reflecting complexity and case-mix		●	●	
The Scottish Government should ensure that robust benchmarking data, including quality indicators, are available to NHS boards to allow them to compare efficiency, including cost of endoscopy services	●	●	●	