**InHealth Diagnostics**

**What is happening?**

SCCCG commissioned InHealth to provide a GP Direct Access (GPDA) Diagnostic Service; this has been running since August 2014. The CCG has conducted a service review and, based on the findings, has decided to allow this contract to expire. The contract will finish in August 2021.

**What services does InHealth provide?**

The service provides GPs with direct access to diagnostics including: MRI, X-Ray, non-obstetric Ultrasound, Echocardiography and DEXA (Dual energy x-ray absorptiometry) scans.

In 2019/2020, there were a total of 3,148 diagnostic procedures undertaken within the service. The key components of this service are as follows

* Ultrasound scans 1011 - 32% of activity.
* MRI scans 1396 - 44% of activity.
* Echocardiography 459 - 15% of activity.
* DEXA scans 282 – 9% of activity

The cost of the GPDA for 19/20 was £121,147

A breakdown of activity of activity is provided below, using the latest available data (as 2020/21 data has been impacted by Covid-19 and is therefore not comparable). Please note, this includes diagnostics undertaken as part of secondary care pathways – not just community diagnostics.

**MRI**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **2019/20** |
| **In Health Total Activity** | 2,432 | 3,491 | 2,667 | 1,077 | 1,396 |
| **Difference vs previous year** |   | +1,059 | -824 | -1,590 | +319 |
| **% change vs previous year** |   | 43.54% | -23.60% | -59.62% | 29.62% |
| *Overall, from 2015/16 to 2019/20, there has been a 57% decrease in the number of MRI scans undertaken by InHealth* |
|  |
| **UHS Total Activity** | 8,872 | 10,493 | 13,497 | 8,163 | 8,314 |
| **Solent Total Activity** | 0 | 0 | 107 | 1,134 | 1,408 |
| **Care UK STC Total Activity** | 857 | 826 | 773 | 792 | 870 |
| **Other Provider Total Activity** | 708 | 738 | 772 | 705 | 719 |

**Ultrasound**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **2019/20** |
| **In Health Total Activity** | 2,335 | 2,738 | 2,637 | 2,245 | 1,011 |
| **Difference vs previous year** |   | 403 | -101 | -392 | -1,234 |
| **% change vs previous year** |   | 17.26% | -3.69% | -14.87% | -54.97% |
| *Overall, from 2015/16 to 2019/20, there has been a 55% decrease in the number of Ultrasound scans undertaken by InHealth* |
|  |
| **UHS Total Activity** | 35,346 | 35,443 | 34,487 | 27,920 | 29,019 |
| **Solent Total Activity** | 0 | 0 | 15 | 172 | 187 |
| **Care UK STC Total Activity** | 715 | 685 | 820 | 1,051 | 1,159 |
| **Other Provider Total Activity** | 915 | 1,029 | 1,074 | 1,024 | 956 |

**Echocardiography**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **2019/20** |
| **In Health Total Activity** | 477 | 577 | 622 | 494 | 459 |
| **Difference vs previous year** |   | 100 | 45 | -128 | -35 |
| **% change vs previous year** |   | 20.96% | 7.80% | -20.58% | -7.09% |
| *Overall, from 2015/16 to 2019/20, there has been a 21% decrease in Echocardiography undertaken by InHealth* |
|  |
| **UHS Total Activity** | 2,672 | 3,232 | 3,563 | 3,282 | 3,458 |
| **Solent Total Activity** | 1,197 | 400 | 641 | 650 | 771 |
| **Care UK STC Total Activity** | 0 | 0 | 0 | 0 | 0 |
| **Other Provider Total Activity** | 169 | 190 | 201 | 228 | 213 |

**DEXA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **2019/20** |
| **In Health Total Activity** | 308 | 303 | 290 | 323 | 282 |
| **Difference vs previous year** |   | -5 | -13 | 33 | -41 |
| **% change vs previous year** |   | -1.62% | -4.29% | 11.38% | -12.69% |
| *Overall, from 2015/16 to 2019/20, there has been a 13% decrease in the DEXA scans undertaken by InHealth* |
|  |
| **UHS Total Activity** | 1,392 | 1,452 | 1,354 | 1,383 | 1,642 |
| **Solent Total Activity** | 0 | 0 | 0 | 0 | 0 |
| **Care UK STC Total Activity** | 0 | 0 | 0 | 0 | 0 |
| **Other Provider Total Activity** | 19 | 26 | 26 | 15 | 20 |

**X-Ray**

It is not possible to provide a breakdown of X-ray activity across different providers as this is not centrally monitored. However, our data from In Health shows a very low level of activity with just 54 x-rays being done by In Health in 2017/18, reducing to 49 in 2018/19 and c. 21 in 2019/20.

**Why is the contract ending?**

There are a number of reasons why the contract is ending, including:

* There has been a reduction year on year in activity via this contract. As a result, in 2018 InHealth noted they were considering serving notice.
* Concerns have been raised about patients undergoing unnecessary diagnostics, and having diagnostics repeated. SCCCG previously identified duplication within the service, which led to the decommissioning of Spinal MRIs and Head MRIs.
* Primary care have also raised concerns about the quality of diagnostic reports. In 2017 an audit was undertaken which showed that:
	+ 20% of reports failed to answer the clinical question posed by the primary care clinician
	+ 25% failed to help the clinician with managing the patient’s onward referral.

**Has there been a decline in the number of referrals?**

There has been a stable or downward trend in activity carried out by InHealth over the past 5 years, as shown above. Excluding X-rays we can see a total decrease in activity of 44% between 2015/16 and 2019/20.

**Is there duplication of diagnostics – and why?**

It is difficult to ascertain the overall scale of duplication. However, feedback from primary and secondary care, and patients themselves, suggests that when patients are referred onto another provider for treatment, they often repeat diagnostic tests. This can be due to concerns over the quality of the initial tests, or because providers want to check for changes in a patient’s condition.

Some specific clinical audits have been undertaken to investigate the appropriateness of GPDA diagnostics. For example, in 2017 data was extracted to identify the number of diagnostics that are repeated at another provider. The data examined the number of patients who underwent repeat diagnostics within 180 days at a different provider between April 2016 and March 2017. During this time 80 patients had MRIs repeated at another provider. This led to the cessation of Head and Spinal MRIs.

**What will be the route to access these diagnostics in future?**

Please see routes of where to send diagnostics to other providers:

* Echocardiograms can be requested via the Bitterne Solent Cardiology service on e-RS
* Bone Density (DEXA) scans can be requested via UHS on e-RS
* Ultrasound and X-Ray can be requested via ICE with the Urgent Treatment Centre at RSH accepting walk ins patients also
* MRI access via the Solent MSK pathway

There is also a wider piece of work across the Southampton and South West Hampshire system on Community Diagnostic Hubs which may increase diagnostic capacity and improve pathways in the medium term; we will update you on that as it progresses.

**How does this simplify/ improve things for primary care and patients?**

We want to make sure that patients are not having duplicate diagnostic tests, as this can result in delays and a poor patient experience. It also results in increased costs to the system – and increased work for GPs if, as feedback has suggested, some diagnostic reports are not providing primary care with the information they need. If we are able to streamline access to diagnostics, we hope this will help to deliver a consistent experience so we can better manage diagnostic provision in the city.