How does the NHS work and how is it changing?

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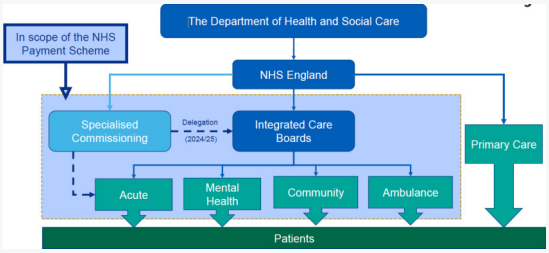
NHS Structure & Funding Flows



The role of NHS England?

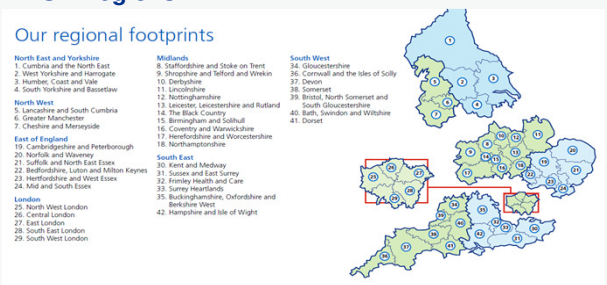
- To lead the NHS in England to deliver high quality services for all
- To set the national direction; allocate resources; ensure accountability; set the national approach to supporting and developing people; enable expert networks; give support to drive improvement; deliver services such as national procurement and digital services; and create the national approach to transformation
- To support local decision making, empowering local NHS leaders to make the best decisions for their local populations
- To use input from Integrated Care Systems (ICSs) to agree the mandate for the NHS with Government and to be accountable to parliament and Government for national NHS performance and transformation

Overview of NHS Funding Allocation

- NHS England is responsible for using or distributing more than £150 billion in funds
  - Ensuring **equal opportunity of access for equal need**
  - Having regard to the need to **reduce inequalities between patients** with respect to their ability to access services and with respect to the outcomes they achieve
- Some age groups require more healthcare than others
- People with long term illness may have greater need for health care
- A statistical formula is used to make the distribution of financial resources fair and objective
- This is the '**Weighted Capitation**' Formula, which produces a target allocation or 'fair share' for each area, based on a complex assessment of factors such as demography, morbidity, deprivation and the unavoidable cost of providing services in different areas
- The model output is allocations for core ICB commissioned services, specialised services and primary medical care services

NHSE Regions

Our regional footprints



North East and Yorkshire
1. Cumbria and the North East
2. West Yorkshire and Harrogate
3. Humber, Coast and Vale
4. South Yorkshire and Bassetlaw

North West
5. Lancashire and South Cumbria
6. Greater Manchester
7. Cheshire and Merseyside

East of England
19. Cambridgeshire and Peterborough
20. Norfolk and Waveney
21. Suffolk and North East Essex
22. Bedfordshire, Luton and Milton Keynes
23. Hertfordshire and West Essex
24. Mid and South Essex

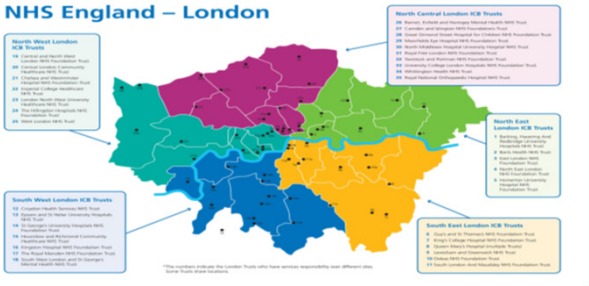
London
25. North West London
26. Central London
27. East London
28. South East London
29. South West London

Midlands
8. Staffordshire and Stoke on Trent
9. Shropshire and Telford and Wrekin
10. Derbyshire
11. Lincolnshire
12. Nottinghamshire
13. Leicester, Leicestershire and Rutland
14. The Black Country
15. Birmingham and Solihull
16. Coventry and Warwickshire
17. Herefordshire and Worcestershire
18. Northamptonshire

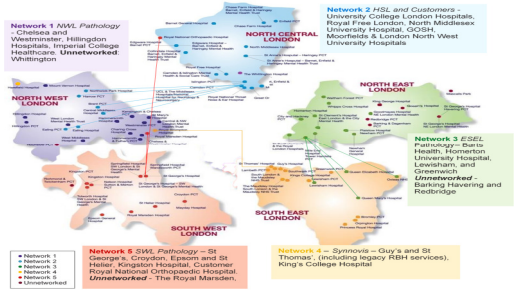
South East
30. Kent and Medway
31. Sussex and East Surrey
32. Frimley Health and Care
33. Surrey Heartlands
35. Buckinghamshire, Oxfordshire and Berkshire West
42. Hampshire and Isle of Wight

South West
34. Gloucestershire
36. Cornwall and the Isles of Scilly
37. Devon
38. Somerset
39. Bristol, North Somerset and South Gloucestershire
40. Bath, Swindon and Wiltshire
41. Dorset

NHS England – London



London Pathology Networks and ICBs

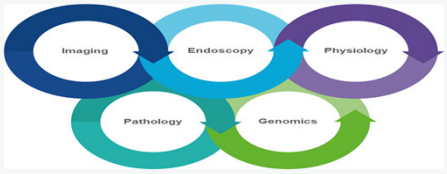


NHS Diagnostics Past, Present & Future

NHS Diagnostics Past

National Strategy – Recovery and Renew 2020

- Professor Sir Mike Richards' independent review of NHS diagnostic services, published in October 2020 (hereafter referred to as the Richards' Review), set out the case for increasing diagnostic capacity in England.
- A key recommendation was for the rapid development and rollout of Community Diagnostic Centres (CDCs). These are designed to provide separate, dedicated locations for carrying out elective diagnostic tests, ideally away from acute hospital sites.
- The Richards review identified five key categories (or modalities) of diagnostics.



Diagnostic Programme journey to date...

- Over the five years prior to the COVID-19 pandemic, demand for almost all diagnostic services in England grew. The pandemic exacerbated pre-existing challenges, resulting in substantial increases to waiting times.
- Diagnostics form a key part of the health and care journey for many patients (over circa 90% of all clinical pathways).
- Diagnostics is recognised as a priority in the NHS Long Term Plan (LTP). Getting diagnostic provision right is a key enabler of several LTP commitments, specifically elective and cancer recovery and delivery of the NHS objectives set out in the Operating Plan 2023.
- The government committed £2.3bn of investment over a 5-year programme to transform diagnostics, including rolling out Community Diagnostic Centres (CDCs) until March 2025.
- The diagnostic programme was launched in 2020/21 with committed funding over a 5 year period, specific focus on establishing with early adopter sites and year 1 CDCs.
- Ministerial focus in 2023/4 on the programme's delivery is increasing and will remain a priority for the remaining two financial years of the programme with a specific focus on;
  - Diagnostics supporting cancer recovery.
  - Acceleration and embedding CDCs.
  - Delivering Diagnostic Digital Capability plans for pathology and imaging, and go beyond where possible.
  - Increasing acute diagnostic capacity by continued and targeted capital investment.
  - Increasing capacity in Pathology services, specifically histopathology in support of cancer recovery.
  - GP Direct Access.
  - Maximising utilisation of diagnostic capacity demonstrating return on national investment.

Diagnostics Recovery & Transformation 2023-24 Plan on a Page – overall summary

CDCs	• Deliver CDCs to the trajectory set out in the Feb 2023 CDC Acceleration Plan • All CDCs to be approved by end Q1, all CDCs meet activity targets, reach optimal utilisation/DNA rates by Q4 • Establish/embed CDC pathways that reduce timescales to diagnosis and duplicative testing • Deliver CDC acceleration plan action on approvals, international recruitment, and procurement /design specification. • Deliver all CDC related actions in the Apr 23 improving cancer performance ICB letter e.g. dermatoscope roll out
Imaging	• Ensure all imaging networks are maturing in line with the trajectory to achieve their target end state in 2024-25 • Ensure full spend of 23-24 acute capital budget, and that all equipment procured in 22-23 is in service by end Q1. • Ensure all ICBs deliver to agreed trajectories on 6WWs and reach/maintain optimal utilisation for CT, MRI and NOUS. • Publish imaging turnaround time guidance and ensure that all trusts meet optimal turnaround times by end Q4.
Pathology	• Ensure all pathology networks are maturing in line with the trajectory to achieve their target end state in 2024-25. • Deliver national plan for histopathology performance improvement including through joint work with IS providers. • Publish monthly histopathology turnaround time data and ensure all trusts meet optimal turnaround times by end Q4. • Deliver future pathology strategy and work with Genomics programme to ensure their plans are fully accommodated. • Work with sector to horizon scan for service disruption risks and swiftly mitigate issues when they arise.
Digital	• Ensure full 23-24 spend on: LIMS, digital pathology, PACS/RIS/Ordercomms, MRI software, i-Refer, home reporting. • Ensure full delivery of benefits from 2021-23 investments, with tracking in place at system level. • Progress delivery of the national imaging registry, scope of national pathology registry & delivery digital strategy.
Endoscopy	• Ensure all ICBs deliver to agreed trajectories on 6WWs and reach/maintain optimal utilisation for endoscopy. • Ensure full spend of 23-24 acute capital budget, and that all equipment procured in 22-23 is in service by end Q1. • Ensure that ICBs fully deliver the endoscopy related actions in the Apr 23 improving cancer performance ICB letter • Establish GI endoscopy networks throughout England. • Progress roll out of innovations to support improved performance e.g. new service models, ColoRI, AI tools etc.
Physiological Science	• Ensure all ICBs deliver to agreed trajectories on 6WWs and reach/maintain optimal utilisation for echo and audiology • Establish physiological science networks throughout England. • Progress roll out of innovations to support improved performance e.g. new service models, AI tools etc. • Complete all national PS data stocktakes and ensure 100% trust participation in them.
Workforce	• Full delivery of expansion in medical and scientist training across identified roles • Full delivery of programme to upskill existing staff across identified roles • Full delivery of international recruitment, digital enablement and retention objectives • March 23 workforce ignition event actions delivered by all Regions/ICBs
Cross-cutting	• Diagnostics performance improvement plan on track nationally and in each ICB. Focus on Diagnostics 2 delivered • GP Direct Access Phase 1 fully delivered and Phase 2 launched successfully with early evidence of benefits delivery • Diagnostics@Home and point of care testing work lead to roll out of at least 3 successful approaches by Mar 24 • Measurable reduction in unwarranted diagnostic demand in UEC, pathology and MSK • Programme enabler delivery on track: DM01 refresh, all benefits dashboards, pricing approach, Richards' refresh

Measurable Outcome Targets by Mar 24

- Up to 160 CDCs approved and open
- 4.4m tests delivered in CDCs in 23-24/ 8.5m since Jul 21
- 90% CDCs at optimal utilisation & open 12hrs/7days
- 100% ICBs on trajectory for CT,MR,US,Endo,Echo 6WW
- 100% ICBs delivering in excess of 100% Feb 20 activity
- 90% trusts meet optimal MR,CT, NOUS utilisation rates
- 22/23 76 imaging assets in service (353,000 FYE tests)
- 50% imaging networks reach 'maturing' status
- 70% path. networks reach 'maturing' status
- 70% trusts meet histopathology turnaround targets
- ICBs/networks on track for 10% DDC productivity gain
- All 22/23 endoscopy assets in service (197,000 FYE pts)
- 10% increase in JAG accredited endo. units by Mar 25
- 90% trusts meet optimal endoscopy utilisation rates
- 90% trusts meet optimal echo utilisation rates
- 3000 learners in education & training pipeline
- 2% growth in staff in identified roles (tbc)
- 325,000 extra GP Direct Access imaging tests delivered
- 75% Faster Diagnosis Standard for cancer met
- Diagnostic provision inequalities have narrowed vs 2020

Diagnostic Funding	23-24 (£'m)	24-25 (£'m)
CDC	587.8	420.8
Digital	106.2	97.3
Screening & Mammography	8.7	8.5
Lung Health Check	20.4	8.2
Imaging Equipment	26.5	28.1
Endoscopy	167.4	87.1
Total Capital	**917.0**	**650.0**
CDC Revenue	681.0	952.0
Total Revenue	**681.0**	**952.0**

NHS Diagnostics Present

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Diagnostics Plan on a Page 2024/5

Workstream	Deliverable	Outcome targets (all Mar 2025 unless stated)
CDCs	• Ensure all new CDCs and expanded capacity at existing CDCs delivered to schedule and within budget • Ensure all CDCs deliver to agreed activity plan, opening hours and utilisation targets, prioritising cancer capacity for pathways • Establish/embed CDC pathways ensuring that pilots deliver measurable benefits • Complete delivery of international recruitment for CDCs and ensure they are fully onboarded	• 9-9.5m activity from diagnostic investments in 2024-25 • 17m cumulative activity from diagnostic investments since Jul 21 • 6WW 95% target achieved for all DM01 tests • 13WW+ eliminated as far as possible • All imaging and pathology networks at minimum of 'maturing' on maturity index • All trusts/networks meet imaging and histopathology reporting turnaround time targets • Imaging and pathology networks achieve 10% productivity gain from digital investments • All services achieve optimal utilisation rates for CT, MRI, NOUS, Echo and Endoscopy • 2% average growth in diagnostic workforce numbers • Capital and revenue funding fully spent with all investments operational
Imaging	• Ensure all imaging networks are maturing in line with the trajectory to achieve their target end state in 2024 -25 • Ensure full spend of acute imaging capital budget, and that all equipment procured is in service by end 2024-25 • Ensure all ICBs achieve 95% under 6WWs, eliminate 13+WWs and attain optimal utilisation and reporting TATs for CT, MRI, NOUS.	
Pathology	• Ensure all pathology networks are maturing in line with the trajectory to achieve their target end state in 2024 -25. • Ensure trusts meet histopathology reporting 10-day target TATs through delivery of their actions in histopathology improvement plan	
Digital Diagnostics	• Ensure all 49 imaging and pathology networks delivery to budget and schedule, leveraging cross-NHSE support for the most challenged. • Fully deliver the 13-point recovery plan for LIMS and Digital Pathology, incl. through hands on support for networks • Finalise design of the national imaging registry (NIR), procure/commission the development of solutions and pilot them. • Ensure the 11 networks involved in the AI Diagnostic Fund pilot fully spend the funding and realise benefits	
Endoscopy	• Support ICBs to meet 6WW targets and eliminate 13WW completely for endoscopy, mitigating harm in colonoscopy waits. • Ensure full spend of acute endoscopy capital budget, and that all new facilities are in service by end 2024-25 • Make progress on use of new delivery models incl. endoscopy networks, TNE, Colon Capsule Endoscopy, FIT.	
Physiological Sciences	• Support ICBs to meet 6WW targets and eliminate 13WW completely for physiological science DM01 tests (priority focus on echo, audiology) • Support paediatric audiology quality programme, and develop national audiology improvement programme (with CSO's team) • Make progress on use of new delivery models incl. physiological science networks	
Cross-cutting & Policy	• Publish 2025-30 diagnostics strategy (Richards 2020 refresh) and use strategy and new demand model to submit diagnostics SR bid • Support ICBs to deliver tangible impact on level up GP Direct Access for imaging in cancer pathways, COPD and heart failure related tests • Deliver major refresh of DM01 • Reduce unwarranted use of CT in UEC services to improve additionality of diagnostic investments by supporting ICBs to action opportunities	
Workforce	• Support ICBs to deliver 2024-25 SR investments so that expansion of priority roles meet ICB planning return targets • Support ICBs to deliver training and retention initiatives to plan • Deliver SR bid for diagnostic workforce in partnership with all diagnostic programme teams as part of LTWP SR settlement	

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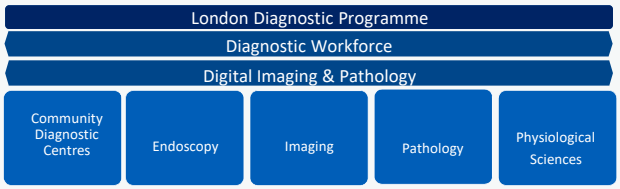
How the London programme operates



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NHS Diagnostics Future

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New Government Manifesto .....

Fixing the NHS!

- Cut NHS waiting times with 40,000 more appointments a week by paying staff more to work weekends and evenings
- Two million more operations, scans and appointments in the first year
- Hit 18-week waiting time target by the end of the first term
- Expand the NHS workforce with thousands more medical training places to modernise hospital equipment to catch cancer and other conditions earlier
- Fit for future fund – to double the number of CT & MRI scanners allowing the NHS to catch cancer and other conditions earlier saving lives
- Committed to developing the new hospital programme
- Guarantee face-to-face GP appointments by training more GPs and modernise the appointment booking system 'to end the 8am scramble
- Provide 700,000 more NHS dentistry appointments a year and supervised tooth brushing for three- to five-year-olds
- Recruit 8,500 more mental health staff
- Specialist mental health support in every school
- Begin to create a National Care Service to set minimum standards for social care, and reach a collective agreement on pay and conditions for carers
- New 'neighbourhood health centres' with joined up services

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