

**Proposed Mansfield Community Diagnostic Centre**  
**Briefing for Nottinghamshire Health Scrutiny Committee**  
**March 2023**

## 1. Introduction

This purpose of this document is to inform the Nottinghamshire Health Scrutiny Committee of the proposed construction of a new Community Diagnostic Centre (CDC) adjacent to Mansfield Community Hospital (MCH). This will increase diagnostic capacity across a range of key tests (including MRI, CT, Echocardiography, Ultrasound, Endoscopy, X-Ray and Electrocardiogram) and it will support separation of outpatient tests from urgent diagnostics in line with national guidance. The proposed new facility will mean that more tests can be done at the new location, there is no proposal to cease diagnostic tests from King's Mill Hospital.

Over the past five years, demand for diagnostic services in England has risen at a greater rate than increases in diagnostic capacity. This is reflected locally and has been exacerbated by Covid with increased waiting times for key tests such as MRI, CT, Echocardiography, Ultrasound and Endoscopy. Whilst good progress is being made in reducing backlogs and waiting times, additional capacity is required to accelerate the reduction and future proof services to further predicted increases in demand.

Nottingham and Nottinghamshire Integrated Care System (ICS) have received confirmation of funding from NHS England (NHSE) of the requested capital to build and equip the Mansfield CDC. The formal Planning Application was submitted in January with the facility planned to be operational by Quarter 3 2024/25.

Whilst patients across Nottinghamshire will be able to access this facility, a further large CDC is also being considered for development in Nottingham City subject to funding and system wide agreement prior to business case development. The phasing of this work has taken into consideration other large scale capital programmes across Nottingham and Nottinghamshire and availability of appropriate site options which in turn has an impact on capital costs.

To take full advantage of this opportunity NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is seeking support from the Health Scrutiny Committee to proceed with the plans and mobilise the Mansfield CDC to be open by Quarter 3 2024/25.

## 2. National context

Diagnostics form part of over 85% of all clinical pathways. Every year, the NHS spends over £6 billion on over 100 diagnostic services and carries out an estimated 1.5 billion diagnostic tests.

Diagnostics are recognised as a priority in the NHS Long Term Plan. Getting diagnostic provision right is a key enabler of several of the plan's commitments, including those on

cancer, heart disease, respiratory disease and musculoskeletal (MSK) conditions, along with outpatient transformation. Increasing diagnostic capacity can be expected to improve population health outcomes for a range of conditions by providing quicker access to diagnostics and therefore earlier diagnosis and the correct treatment pathway.

Diagnostic investigations are required both for urgent and emergency care (emergency departments and inpatient wards) and for elective services (including requests from primary care and outpatient clinics) and demand for urgent tests can impact on the capacity available for other routine diagnostics.

Elective diagnostic services are subject to the national operational standard that patients should wait no more than a maximum of six weeks for any diagnostic tests. Performance of 95% against this standard must be achieved by March 2025. Historically, demand has continued to grow year on year. An independent review of NHS diagnostic services<sup>1</sup> identified significant growth in activity across almost all aspects of diagnostics over the past five years. This increased demand has been exacerbated by the pandemic and as a result many patients are now waiting longer than six weeks for a diagnostic test.

The independent review set out the case for increasing diagnostic capacity in England and for a new model of diagnostic service provision. A key recommendation was for the rapid development and rollout of CDCs. These are separate, dedicated locations for carrying out elective diagnostic tests away from acute hospital sites. The diagnostic capacity through CDCs is predominantly over and above more urgent tests undertaken at the acute hospital. This will be defined in new diagnostic pathways before the CDC becomes operational.

### **3. The local case for change**

Detailed demand and capacity analysis has been carried out across the Mid Nottinghamshire and South Nottinghamshire/Nottingham City localities. Findings were in line with the independent review of NHS diagnostics services in that demand will soon outstrip capacity in imaging, endoscopy, physiological measurement and pathology.

An options appraisal was carried out and it was agreed by the NN ICS that the optimum configuration is a CDC in the Mansfield & Ashfield area and one in Nottingham City, aligning with the county's main areas of population density and concentration of deprived communities, appendix 1. Due to the national and local imperative to increase diagnostic provision in a CDC and local site availability it has been decided with system partners to take a phased approach with the initial focus on a CDC on the MCH site to be completed in Quarter 3 24/25.

The location of the proposed CDC on the MCH site, and latest building elevation details are included in appendix 2.

The ICS will explore all possible opportunities to secure additional capital investment to build a Nottingham City CDC working with local stakeholders and NHS England. Bassetlaw patient flows are predominantly to Doncaster & Bassetlaw Hospitals and Sheffield Hospital Trusts, the diagnostic needs of the population will be met by CDC plans aligned with these Trusts and the South Yorkshire ICS.

CDC planning is completely aligned to the emerging plans for “Tomorrow’s NUH”, the development of the system elective hub at Nottingham City Hospital and increased elective capacity at Newark Hospital.

#### **4. Impact on Patients**

The critical success factors for the Mansfield CDC are in line with the National CDC primary aims:

- a. To improve population health outcomes by reaching earlier, faster and more accurate diagnoses of health conditions.
- b. To increase diagnostic capacity by investing in new facilities, equipment and training new and existing staff, contributing to recovery from COVID-19 and reducing pressure on acute sites.
- c. To improve productivity and efficiency of diagnostic activity by streamlining provision of acute and elective diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication.
- d. To contribute to reducing health inequalities driven by unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision.
- e. To deliver a better and more personalised diagnostic experience for patients by providing a single point of access to a range of safe, quality diagnostic services in the community.
- f. To support integration of care across primary, community and secondary care and the wider diagnostics transformation programme.

The CDC will deliver diagnostic services in a state of the art facility close to the town centre, open 12 hours a day, 7 days a week.

An Equality Impact Assessment (EQIA) did not find any negative impacts resulting from the proposal. The additional diagnostic capacity provided by the CDC will benefit the entire Mansfield and Ashfield population. The one stop clinic approach will particularly benefit those with limited access to transport.

A patient travel analysis was carried out to quantify the effect on travel times between the current position of patients attending Kings Mill Hospital for diagnostic tests and the future state of a choice between Kings Mill Hospital and the Mansfield CDC. As the 2 sites are only just over a mile apart the effects are small, but the analysis showed that the development would be most advantageous to patients over 65 years old, those in the most deprived 20%

of the population and members of BAME communities. This reflects the demographics of the population living near the MCH site.

#### **5. Impact on Sherwood Forest Hospital staff**

CDCs will provide new capacity to the NHS and as such a significant new workforce will need to be recruited and trained to run the CDC. It is calculated that approximately 160 new staff across a range of clinical and administrative areas will be required to run the Mansfield CDC.

Robust workforce plans and staff development opportunities to support recruitment is therefore essential. The CDC will provide appropriate staff training and continuous development opportunities building on existing links with local higher education organisations. Where possible there will be a strong commitment to apprenticeships. There will be the opportunity for staff based in CDCs to rotate with Kings Mill Hospital and vice versa to broaden experience.

The ICS is exploring partnership agreements with Nottingham University Hospitals and the independent sector to staff CDCs. This could include, for example, workforce sharing agreements, secondments, digital staff passporting or joint staff banks.

#### **6. Impact on the environment – delivering on the green agenda**

The building process will use ultra-low carbon concrete, buy from local suppliers where possible, use low voltage LED lights, contain solar panels on the roof and have pressure sensitive electric generators in reception areas so that patients generate energy as they come through the doors.

#### **7. Conclusions and recommendations**

The proposal is fully aligned to the national direction of travel to increase the capacity of secondary care elective diagnostics. Our patients will benefit from access to earlier, faster and more accurate diagnoses of health conditions.

The Mansfield CDC will bring investment of circa £20 million and create about 160 new jobs across clinical and administrative functions.

It is recommended that the Health Scrutiny Committee:

- Approve the proposed plans described above.
- Note the positive impact on patient's access to a broad range of diagnostic tests.

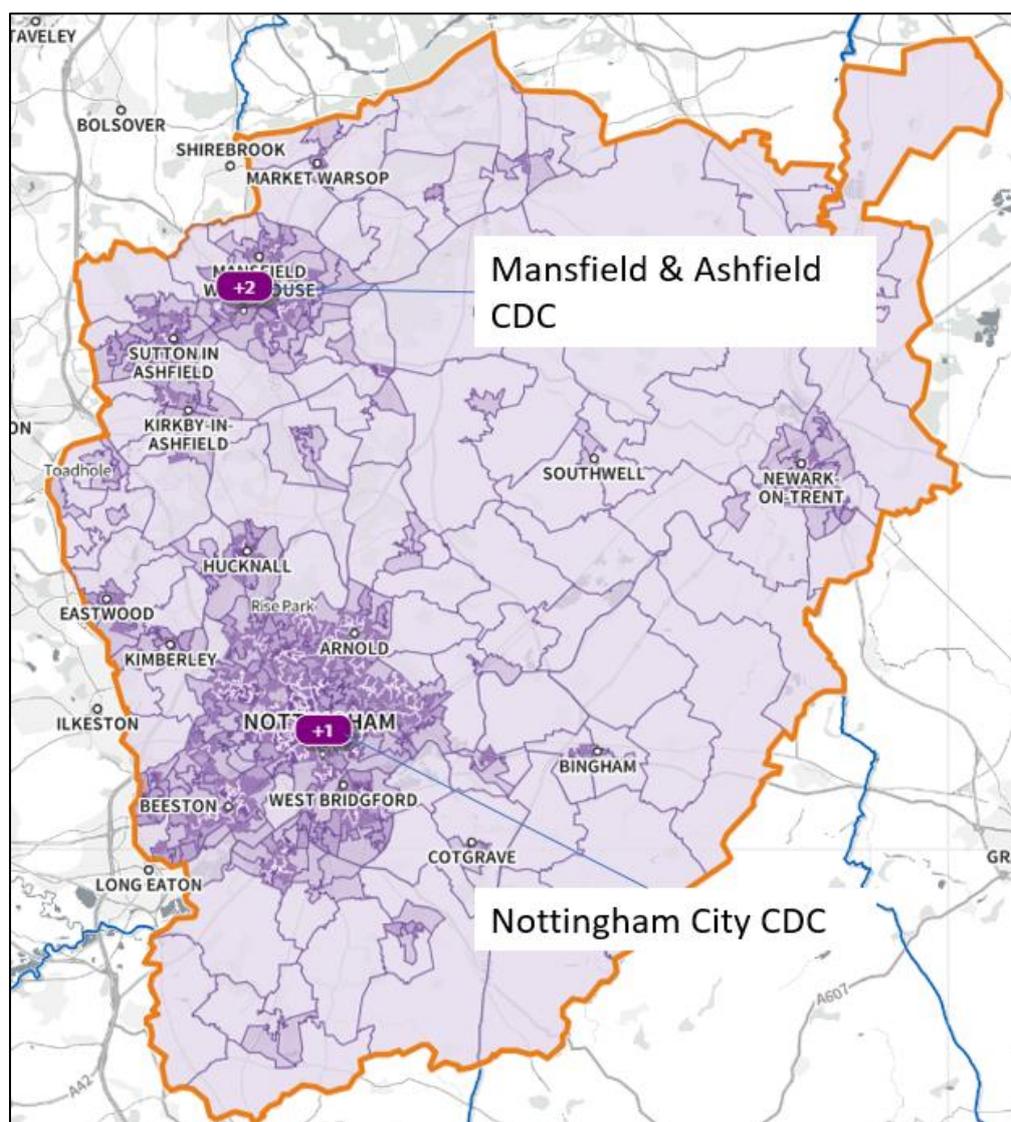
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March 2023

References; Diagnostics Recovery and Renewal. November 2020. [NHS England »](#)  
[Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England](#)

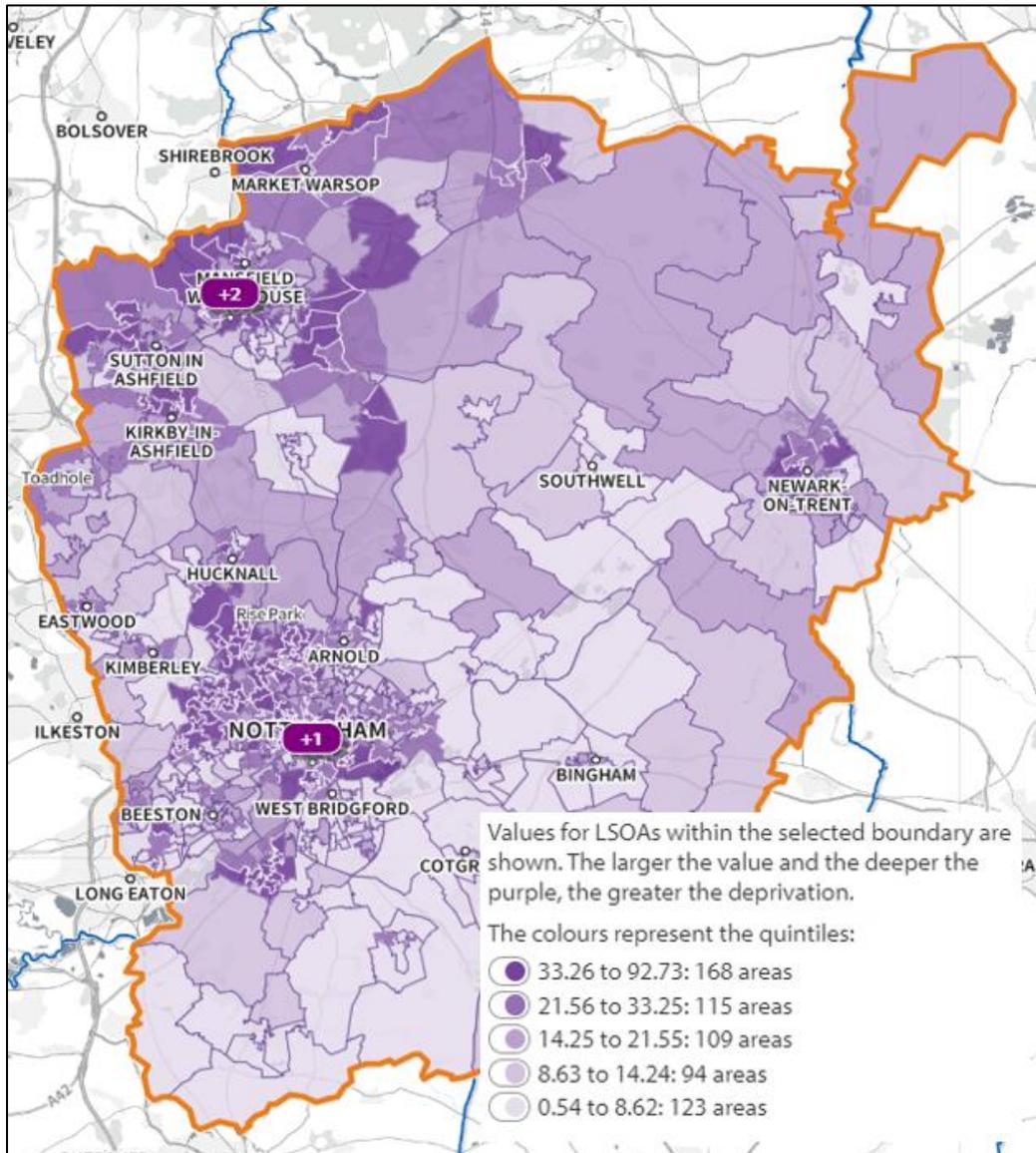
## Appendix 1 – Rationale for CDC sites

### Population density



The County's population is concentrated in Nottingham City & Greater Nottingham and Mansfield & Ashfield.

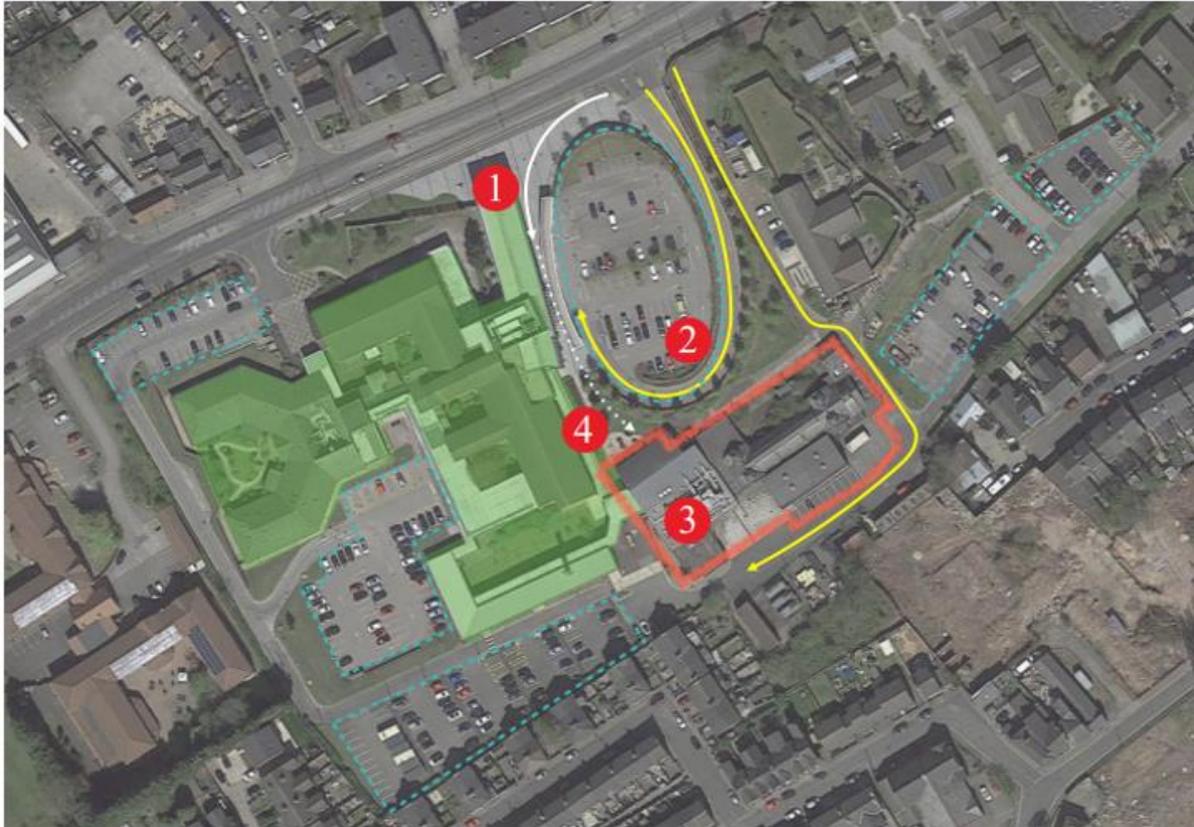
### Index of multiple deprivation



Deprivation is also concentrated in Nottingham City & Greater Nottingham and Mansfield & Ashfield.

## Appendix 2 – Mansfield CDC plans

Current site layout. Proposed CDC location is area 3.



-  Existing Mansfield Community Hospital
-  Proposed site boundary
-  Vehicle access
-  Existing carpark spaces

**Mansfield CDC front elevation #1**



**Mansfield CDC front elevation #2**

