Better Together

Developing a shared understanding of the need for change and the opportunities for improvement

Chapter 4: Diagnostics

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Better Together is our big conversation with you to shape the future of safe, quality health services for Powys and ensure delivery of our Health and Care Strategy.

We are committed to working with patients, service users, communities, health and care staff, and partner organisations to improve health outcomes and make services more efficient and effective.

Whilst we have some excellent foundations to build on, we now need to radically change the way we provide services so that we can meet increasing demand and the future needs of the population.

We have a duty of care to ensure that we provide high quality services to our population. We also have a duty to live within our means. To achieve this, we need to consider options for how and where we could provide services in the future. This might mean patients need to access services in a different way or in a different place.

We will do this by working 'Better Together' with local people, partners and staff to shape health and care services that are sustainable, effective, and focused on what matters most to our communities.

This document provides an overview of diagnostics Powys. It has been informed by our conversations and learning with patients & service users, communities, staff and wider stakeholders.

More information about Better Together – including how to find out more and have your say – is available from pthb.nhs.wales/BetterTogether

Contents

Executive Summary 3
Introduction 4
Strategic Context 5
The Richards Report 5
Transforming and Modernising Planned Care 6
Diagnostics Recovery and Transformation Strategy for Wales 6
Ministerial Advisory Group (MAG) Report on NHS Wales Performance and Productivity 8
Vision for future service provision 9
Current service provision 10
Drivers for Change 12
Demand, Capacity & Waiting lists 12
Population Needs 13
Patient Feedback 14
Workforce 14
Digital and Infrastructure Challenges 15
Cancer Performance 16
Commissioning & Finance 17
Interdependencies 18
Impact of not implementing the change 19
Emerging Opportunities 20
Strategic Assessment 20
Community Diagnostics 20
Point Of Care Testing 21
Cardiac Diagnostics 21
Imaging 22
Frailty & Bone Health 24
Biometric Monitoring of Eye Health 24
Endoscopy 25
Modernising Infrastructure and Embracing Digital Innovation 25
Workforce 27
Commissioning Opportunities 28
Women's Health 28
Conclusion 30
Appendix 1 – MAG Report Themes 31
Appendix 2 (a) – All Wales & Powys by Site Performance 32
Appendix 2 (b) – England Provider Performance 33
Appendix 3 – CDC Information 34

Executive Summary

Powys Teaching Health Board (PTHB) acknowledges it must proactively transform its current diagnostic model within a whole-system approach, that supports the 'shift left' toward prevention and early intervention if it is to better meet the needs of the population.

Enhancing diagnostic services and encompassing everything from public awareness of key signs and symptoms to ensuring access where required, to more complex highly specialised diagnostics is in alignment with NHS Wales's '*Diagnostics recovery and transformation strategy for Wales' and* NHS England's *Diagnostics: Recovery and Renewal*.

Proactive transformation of diagnostics for the people of Powys will radically improve patient pathways and outcomes for conditions such as cancer, stroke, heart disease, respiratory disease, dementia, and many others. Furthermore, facilitating earlier detection and treatment could prevent harm caused by delayed or inappropriate interventions. However, rurality, ageing infrastructure, inequity of waiting times, coupled with complex commissioning models and workforce constraints are all risk factors to PTHB's ability to deliver its vision of equitable, timely, and high-quality care for all communities across Powys.

Delivering improvements across diagnostics is vital for PTHB to effectively respond to projected population needs and the increasing demands of an ageing population, who are significantly more likely to experience chronic conditions such as hypertension, diabetes, cardiovascular disease, osteoporosis, and cancer where demand for diagnostics is notably higher.

PTHB is uniquely positioned to pioneer rural diagnostic transformation by leveraging mobile diagnostics, digital innovation, and integrated care models to provide equitable, timely and high-quality diagnostic services, integrated within community settings, supported by skilled staff, modern technology, and environments with strong cross-border collaboration.

This case for change outlines the critical need for modern sustainable and equitable diagnostic service provision, providing strategic context, identifying current challenges, and exploring emerging opportunities to strengthen diagnostic capabilities, delivering improved patient outcomes and experience, whilst driving operational excellence.

Introduction

Diagnostics refers to the process of identifying a disease, condition, or injury based on a patient's symptoms, medical history and clinical examination. In healthcare, diagnostics play a critical role in detecting diseases or conditions early (e.g., through screening tests), determining the underlying cause of symptoms, monitoring the progression of an illness or response to treatment and guiding treatment decisions based on the diagnosis.

Some examples of common diagnostics are:

- **Diagnostic Radiology:** CT; MRI; X-ray; Ultrasound; PET; DEXA
- **Cardiac Physiology:** Echocardiography; ECG; Blood pressure
- **Respiratory Physiology:** Spirometry; Sleep studies; Lung function
- **Pathology:** Blood tests; Biopsies; Point of Care testing
- **Endoscopy:** Colonoscopy; Gastroscopy; Bronchoscopy; Cystoscopy etc.
- **Neurophysiology:** Nerve conduction tests; Electromyography
- **Audiology:** Audiometry; Tympanometry
- **Ophthalmology:** Optical coherence Tomography; Biometric testing

Diagnostic tools and techniques are crucial for accurate health assessments and the creation of effective treatment plans. Over the past decade, the importance of diagnostics has become an increasingly prominent topic within healthcare.

Prior to the Covid-19 pandemic, the need for significant improvements in diagnostic services was clear. Nationally demand had been rising steadily, driven by increased hospital attendances, more direct test requests from GPs, and broader clinical indications for existing technologies such as Radiology, Pathology, and Endoscopy particularly.

In the aftermath of the pandemic, lessons learned underscored the urgent need to expand diagnostic services, particularly elective procedures, beyond acute hospital settings and into the community, improving access to care closer to home.

For Powys, this presents a unique opportunity to transform diagnostic provision. The rural geography and absence of a District General Hospital already necessitate innovative, community-based models of care, positioning Powys to lead in delivering diagnostics differently.

Strategic Context

Since the COVID-19 pandemic, national and local strategies have repeatedly called for urgent, innovative expansion of diagnostic capacity to tackle rising demand and backlogs, many of these documents forming the strategic foundation for PTHB's Diagnostic Case for Change.

The Richards Report

The Richards Report (2020), formally titled "Diagnostics: Recovery and Renewal", is an independent review of NHS diagnostic services conducted by Professor Sir Mike Richards.

It was commissioned as part of the NHS Long Term Plan in England to address growing concerns about diagnostic capacity and access, and to recommend reforms that would improve access, efficiency, and outcomes, in light of rising demand and the COVID-19 pandemic.

The report highlighted several key recommendations to guide providers:

- **Establish Community Diagnostic Centres (CDCs):** Create hubs in non-acute settings to improve access and reduce hospital footfall.
- **Enhance Community Phlebotomy:** Offer blood tests closer to home, at least six days a week.
- **Separate Acute and Elective Diagnostics:** Improve efficiency by streamlining patient pathways.
- **Improve Acute Diagnostics:** Ensure same-day access for inpatients.
- **One-Stop Diagnostic Models and Integrated Appointments:** Combine diagnostics in one single visit and session to streamline care, reduce delays and improve convenience.
- **Expand Workforce Capacity:** Recruit and train more diagnostic professionals; upskill existing staff and explore new roles.
- **Modernise Equipment:** Invest in up-to-date scanners, analysers, and other diagnostic tools.
- **Digitisation & Connectivity:** Upgrade IT systems for integrated diagnostics, remote reporting, and seamless communication
- **Support Innovation & Research:** Adopt AI and emerging technologies; promote research into diagnostic models.
- **Reduce Health Inequalities:** Ensure equitable access across regions and underserved populations

Richards, M., 2020. *Diagnostics: Recovery and renewal – Report of the independent review of diagnostic services for NHS England*. [online] NHS England.

Transforming and Modernising Planned Care

The Welsh Government strategy for 'Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales' (2021), outlined the need to increase capacity through new equipment, facilities, and an expanded diagnostic workforce. The strategy directed health boards toward an increased focus on:

- Transforming outpatient services
- Prioritising diagnostic services
- Early diagnosis and treatment of suspected cancer patients
- Patient prioritisation to minimise health inequalities
- Addressing long waiting times
- Building sustainable planned care capacity
- Improving communication and support

The strategy acknowledged the findings of the Richard's Report and emphasised that diagnostic services must be planned and delivered differently, through formation of a National Diagnostics Board.

Diagnostics Recovery and Transformation Strategy for Wales

The National Diagnostics Board brings together key partners from across the NHS and social services to provide direction on all diagnostics-related matters, including service models and resource allocation.

Drawing on input from national programmes such as Imaging, Pathology, Endoscopy, Healthcare Science, and Genomics, it is tasked with reviewing pathways to manage long-term demand and capacity, including exploring opportunities for developing diagnostic hubs.

Powys Teaching Health Board (PTHB) is currently represented on the national Board, ensuring that the national diagnostics agenda is visible within PTHB and that the unique challenges of delivering diagnostics in rural areas are effectively communicated and considered.

Since its formation in 2022, the National Diagnostics Board developed the 'Diagnostics Recovery and Transformation Strategy for Wales', focussing on nine key themes:

- People & Patients

- Workforce
- Service Transformation
- Digital
- Commissioning & Procurement
- Quality and Safety
- Performance
- Estates
- Research & Innovation

It aims to move to a combined approach to diagnostics, rapidly creating additional diagnostic capacity and expediting transformation in diagnostic service models.

While the Programme has brought increased focus to several issues, it is recognised that the availability of capital and workforce, and the lack of data to inform planning are significantly delaying progress in Wales.

The strategy aligns to the aims of the National Clinical Framework (NCF) and acts as a key national enabling programme interfacing with the Clinical Networks as they develop and overlap between other programmes such as Planned Care.

Figure 1: Summary of actions within the National Clinical Framework

Ministerial Advisory Group (MAG) Report on NHS Wales Performance and Productivity

In April 2025, the Cabinet Secretary for Health and Social Care, Jeremy Miles highlighted the strengths of NHS Wales but called for a fundamental shift in approach to improve services, health outcomes and ensure value for money to meet the expectations of the public and government.

This coincided with the publication of the Ministerial Advisory Group (MAG) Report on NHS Wales Performance and Productivity (April 2025) which included 29 key recommendations aimed at improving the effectiveness, efficiency, and sustainability of NHS Wales.

Recommendations for Diagnostics performance focus on the need to improve referral and triage; streamline pathways; utilise data to manage waiting lists and prioritisation; and develop Diagnostic hubs to increase capacity. Additionally, the report flags the need to improve early diagnosis of cancers through better access to diagnostics.

See Appendix 1 for MAG Report Themes

Vision for future service provision

Driven by the strategic priorities outlined in national and regional documents, and in response to growing pressures across Wales from diagnostic backlogs and rising demand, PTHB developed its *Diagnostics Strategic Intent* paper (2022).

This document sets out a clear vision for the sustainable transformation of diagnostic services across the health board. While it encompasses all diagnostic modalities, Ophthalmology and Endoscopy remain under the remit of the Planned Care Directorate and are therefore addressed separately within the *Planned Care Case for Change*.

The primary aim of the Strategic Intent is to guide investment and service redesign toward strengthening primary and community diagnostics, particularly for conditions with the greatest impact on morbidity and mortality in Powys, such as cancer, circulatory and respiratory diseases, frailty, and dementia.

The paper highlighted the necessity to address disparities in diagnostic access across Powys, with a particular focus on North Powys and stressed the significance of preventative measures, such as public access to information and advice on maintaining wellbeing, recognising concerning signs or symptoms, and understanding the best responses.

It further highlighted the importance of optimising diagnostic services through streamlined estate, innovative models such as virtual consultations, triage tools, and the direct use of advanced technologies to streamline patient testing, while emphasising the need for provision of expert advice and guidance for healthcare professionals.

The following sections of this Diagnostic Case for Change will build on this foundation, clearly linking current challenges to the vision outlined in the Strategic Intent. It will present a compelling rationale for transformation by articulating the key drivers and opportunities, demonstrating why urgent action is essential to ensure delivery of PTHB’s long-term strategy.

Current service provision

Powys Teaching Health Board (PTHB) serves a widely dispersed rural population, where access to diagnostic services is sometimes limited and service delivery is fragmented, with diagnostics provided across multiple community hospitals and GP practices, often with inconsistent access to modern equipment and specialist expertise.

The county's geography presents unique challenges, including complex commissioning arrangements, long travel distances for patients, limited access to specialist facilities, and persistent difficulties in recruiting and retaining skilled staff.

There is also a clear disparity in waiting times between Wales and England, driven by differing access targets, and several diagnostic services such as Endoscopy, Cardiac Imaging, Audiology, and Radiology are nationally recognised as requiring performance improvement.

As visible in the below graphs, within Powys it is Echocardiography requiring the most significant improvement to meet the 8-week Welsh Government Right to Treatment (RTT) target, with Endoscopy and Radiology also contributing to the level of monthly breaches.

Figure 2: Total Patients Waiting per month

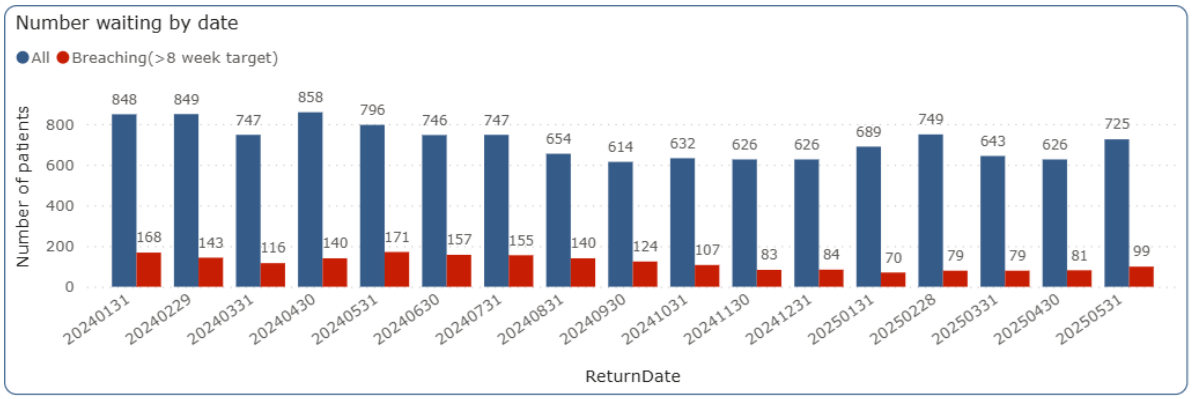
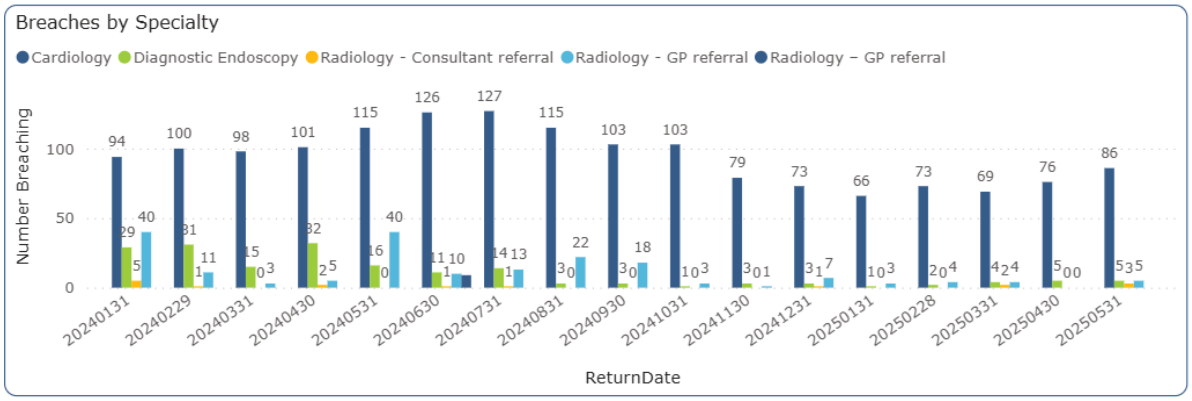


Figure 3: Total Patient Breaching 8 week RTT Target by Specialty



However, it is difficult to truly identify all the areas requiring improved performance, given many diagnostics remain commissioned and included in wider Service Level Agreements and contracts.

Meanwhile, demand for community-based diagnostics continues to grow, supported by Welsh Government strategy and the broader aim of reducing pressure on acute hospitals while improving access to care closer to home.

However, many diagnostic services still rely on outdated equipment and legacy IT systems, which hinder both efficiency and diagnostic accuracy. Digital infrastructure remains a significant barrier to transformation, with poor broadband connectivity and a lack of system integration across sites limiting the potential for remote diagnostics and telemedicine.

Drivers for Change

Demand, Capacity & Waiting lists

The rising burden of chronic disease and an ageing population are well-established drivers of growing demand for diagnostic services.

Timely diagnosis is essential for effective treatment, and delays can lead to patient anxiety and poorer health outcomes, placing additional strain on the healthcare system through greater financial pressures and potential reputational risk.

While some diagnostic services are available within Powys, the absence of a District General Hospital (DGH) or a Community Diagnostic Centre (CDC) means that many diagnostic and imaging procedures are delivered by neighbouring Welsh health boards or across the border in England. The current complex commissioning model contributes to variability in access to diagnostic services, with waiting times differing between provider organisations.

This is further compounded by differing diagnostic waiting time targets across borders, 8 weeks in Wales compared to 6 weeks in England, leading to inequitable patient experience. Within this context, PTHB performance data highlights echocardiography, endoscopy, and ophthalmic imaging as the top three diagnostic services requiring improvement to meet Welsh Government targets. (*See Appendix 2a & 2b for waiting list performance data)*

From July 2025, PTHB will align some of its routine adult provider commissioning with NHS Wales targets, which are noted to be longer than those set by NHS England. While this shift is necessary, it may lead to longer waits for diagnostic services for Powys residents and could exacerbate inequities in care based on geography rather than clinical need.

To mitigate these risks, it is crucial that PTHB maximises opportunities to transform and enhance diagnostic services, aiming to reduce waiting times wherever possible. However, operational inefficiencies such as fragmented scheduling, limited same-day service access, and administrative challenges in coordinating across multiple partners and departments continue to delay patient pathways and must be addressed as part of this transformation.

Addressing these challenges may require investment in workforce, infrastructure, and service redesign. However, these costs are likely to be

offset by the long-term benefits of earlier diagnosis, improved outcomes, and more efficient care. Equally in the case of some services there may be a need for disinvestment and streamlining of physical estate where room capacity exceeds requirements.

Given these pressures, it is essential that Powys Teaching Health Board undertakes a comprehensive strategic assessment of all diagnostic services to inform future planning and ensure sustainable, equitable, timely, and high-quality care for its population.

Population Needs

Understanding the characteristics of the Powys population is essential to assessing the need for diagnostic transformation. Powys is the least densely populated local authority in Wales, characterised by vast rural areas and small towns.

According to the 2021 Census, the population is approximately 133,200, with the highest median age in Wales at 50 years. Nearly 28% of residents are aged 65 or older—21% above the Welsh average and 19% above the UK average.

Over the past two decades, the number of people aged 65+ has increased by 47%, and those aged 80+ by 53%. However, this ageing trend has not been matched by growth in the working-age population, raising concerns about future workforce sustainability.

Rural isolation and pockets of deprivation contribute to mental health challenges, particularly among children, young people, and older adults. Limited access to in-person mental health diagnostics and assessments exacerbates these issues.

While 85% of Powys residents reported satisfaction with their ability to access services, there are stark regional disparities. For example, Beguildy, near Knighton ranks as the second most deprived area in Wales for access to services, with travel times to a District General Hospital (DGH) exceeding one hour. In contrast, residents of Crickhowell can reach an enhanced DGH in just ten minutes.

These demographic and geographic factors have significant implications, such as:

- Rising demand for diagnostics related to chronic conditions (e.g., cardiovascular disease, dementia).
- Access challenges due to rurality and limited transport, delaying early diagnosis and treatment.

- Delays in chronic disease diagnosis, leading to poorer health outcomes.
- Growing need for digital and remote diagnostic tools
- Increased demand for mental health diagnostics and service capacity.
- Need for community-based and mobile diagnostic solutions to bring care closer to home.
- Workforce pressures due to population ageing and limited local labour supply.

Patient Feedback

Patients in Powys Teaching Health Board (PTHB) who require elective diagnostic tests typically requested by GPs, are often referred to neighbouring District General Hospitals (DGHs) in Wales or across the border in England.

While patients have expressed appreciation for the diagnostic and imaging services available within the county, there is also concern about the need to travel long distances for tests that cannot currently be delivered locally.

PTHB is committed to providing diagnostic services within Powys wherever it is safe and viable to do so. However, certain technologies and specialist techniques cannot always be delivered locally due to clinical, logistical, or financial constraints.

Patients and residents have frequently voiced uncertainty about why some services are unavailable in Powys and have highlighted inconsistencies in access between the north and south of the county.

Another recurring concern is the difficulty in transferring diagnostic results between organisations, particularly across the Wales–England border. These challenges can lead to delays in care and frustration for patients.

PTHB recognises these issues and acknowledges the urgent need to improve digital infrastructure and data-sharing processes to minimise delays and ensure a smoother, more coordinated patient journey.

Workforce

Diagnostic services in Powys face ongoing workforce challenges in relation to recruitment, retention and training, with siloed service delivery leading to inefficiencies and duplication in patient pathways.

Despite anecdotal evidence of people relocating to Powys from urban areas, enabled by flexible and remote working, persistent vacancies remain across several diagnostic services within PTHB.

Recruitment is challenged by Powys's rural geography, particularly notable in the Mid-Powys region. Limited career progression, fewer Continued Professional Development (CPD) opportunities, and lower clinical complexity compared to neighbouring acute sites have been factors noted to impact recruitment and retention.

Additionally, many diagnostic professions remain on the shortage occupation list nationally, professions particularly affected include:

- Radiographers
- Sonographers
- Biomedical Scientists
- Audiologists
- Consultant Pathologists & Radiologists
- Medical Physicists

These factors make it difficult to attract and retain skilled professionals and contribute to a heavy reliance on agency staff across Powys to support delivery for some diagnostic services, which is both costly and unsustainable.

Demographic shifts in Powys are also widening the gap between those needing care and the working-age population available to provide it (Welsh Government, 2018). Nationally, a significant portion of the diagnostic workforce is nearing retirement (particularly in radiology and biomedical science), with insufficient graduate pipelines to replace them. Meanwhile, newer generations are seeking portfolio careers and greater work-life balance, further complicating traditional workforce models.

The combination of an ageing workforce, evolving generational expectations, and persistent recruitment challenges emphasises the urgent need for innovative workforce models in Powys, focusing on role redesign, service expansion, and targeted training.

Digital and Infrastructure Challenges

The physical and digital infrastructure across Powys is increasingly outdated, making it difficult to support modern technologies and evolving models of care. This presents significant barriers to redesigning care pathways, implementing "straight-to-test" models, and ensuring timely access to advanced diagnostic equipment and digital systems.

Modernising and streamlining the physical estate could unlock more accessible, agile, and community-based diagnostic services, particularly important in a rural setting like Powys. Consolidating underused or obsolete buildings would reduce maintenance and energy costs, while new, energy-efficient builds could help offset initial capital investments.

Co-locating diagnostic services in fewer, modern, and better-equipped facilities offers a range of benefits, including reduced duplication, improved patient flow, enhanced infection control, and more efficient use of space and resources.

Despite these opportunities, many diagnostic services in Powys still rely on legacy IT systems and outdated equipment, which significantly limits operational efficiency and system interoperability. These issues are occasionally exacerbated by limited rural broadband, which restricts the rollout of remote diagnostics, telepathology, and virtual multidisciplinary team (MDT) meetings.

The lack of critical infrastructure and standardised digital platforms across diagnostic services continues to hinder secure data transfer and coordinated care. Moreover, poor digital integration with primary care and cross-border services in England further undermines the effectiveness of the wider healthcare system.

Workforce capability also remains a key challenge. Many diagnostic staff lack adequate training in essential digital tools, including AI-assisted diagnostics, digital pathology platforms, and electronic health records.

As digital systems become increasingly central to healthcare delivery, concerns around data security are growing. Ensuring compliance with NHS Wales digital governance standards is vital, but doing so demands sustained investment and dedicated resources.

Cancer Performance

Cancer performance across Wales continues to face significant challenges, with cancer remaining the leading cause of death and stark inequalities persisting in terms of outcomes. Diagnostics are increasingly being recognised as a critical driver for change.

The NHS Wales Cancer Network’s 2023–2026 Improvement Plan places early detection and diagnostics at the heart of its strategy, aiming to improve survival rates through faster, more accurate identification of cancers. However, bottlenecks in access to diagnostics due to workforce

shortages, scanner availability, and reporting delays are a major contributor to diagnostic delays and late-stage presentations.

In support of improving cancer care, Rapid Diagnosis Clinics (RDCs) have been rolled out across Wales offering a holistic, fast-track route to diagnosis for patients with non-specific but concerning symptoms who don't meet standard urgent referral criteria. RDCs integrate clinical assessment with same-day imaging and pathology, aiming to reduce the time to diagnosis and streamline onward referral.

Despite PTHB having access to RDC's and diagnostics in neighbouring health boards and trusts, challenges remain, and capacity constraints persist. Developing integrated diagnostic models where clinical, radiological, and pathological services are co-located and coordinated will be key to reducing fragmentation and improving efficiency.

Commissioning & Finance

Powys Teaching Health Board (PTHB) is currently under targeted intervention (Level 4) escalation, facing intense financial and strategic scrutiny from the Welsh Government.

With approximately 40% of its overall budget allocated to commissioning services from neighbouring health boards and NHS Trusts, there is an urgent need to assess opportunities for referral management and the repatriation of diagnostic services back into Powys to support prudent use of PTHB finances.

Serving a predominantly rural population across Mid-Wales, PTHB relies heavily on partnerships with neighbouring health boards and English NHS Trusts to deliver key components of its diagnostic services. The absence of a District General Hospital (DGH) and limited in-house specialty services contribute to a highly complex commissioning landscape, marked by significant challenges in business intelligence and data sharing.

A major barrier to effective commissioning is the lack of clear, consistent, and detailed data. This limits PTHB's ability to accurately assess the financial implications of outsourcing diagnostics versus developing local capacity. In particular, the absence of detailed coding, especially for outpatient diagnostics and bundled inpatient services, makes it difficult to identify activity levels and associated costs.

Strategic commissioning is further constrained by:

- Inadequate data to track diagnostic activity and demand.
- Challenges in performance monitoring and outcome measurement.

- The absence of an agreed tariff system in Wales, which complicates cost comparisons and service planning.
- Historic LTA and SLA arrangements that are no longer fit for purpose and show considerable variance in terms of tariffs and indicative activity levels, with diagnostics often bundled into wider packages of care.

While there has been some capital investment in radiology, point of care testing and cardiology, broader investment remains limited due to ongoing financial pressures.

Equally there are currently very limited options available for income generation across diagnostic services, creating further pressure on services to meet the population need with constrained budgets.

Interdependencies

Interdependencies with other services are a key driver for transforming diagnostic services in Powys. Diagnostics underpin nearly every care pathway, and delays can disrupt treatment planning, referral management, and chronic disease monitoring.

With no District General Hospital, Powys depends heavily on external providers across Wales and England. This creates reliance on external capacity, complex referral and data-sharing processes, and inconsistent patient experiences.

Diagnostics often act as a bottleneck in the patient journey, contributing to outpatient and surgical backlogs, prolonged hospital stays, and increased pressure on urgent care.

They are also often central to digital transformation. Without integrated systems, electronic health records remain incomplete, AI tools are underused, and population health initiatives are harder to implement.

In a fragmented system like Powys, improving diagnostics can unlock capacity, enhance coordination, and enable more timely, seamless care across the region.

Ensuring the diagnostic case for change is fully aligned with the other chapters of the *Better Together Transformation portfolio* is essential to achieving successful, system-wide transformation.

Impact of not implementing the change

Failing to transform diagnostic services in Powys would have far-reaching consequences for both patients and staff. Without change, the system faces worsening access, rising costs, fragmented care, workforce strain, and missed opportunities for innovation—ultimately threatening the sustainability of the broader health system.

Access to timely diagnostics would remain limited, particularly in rural areas, leading to delayed diagnoses, poorer health outcomes, and increased pressure on acute services due to avoidable admissions. Patients would continue to endure long travel times, inconsistent service experiences, and prolonged anxiety while awaiting results, further deepening health inequalities.

Diagnostics would continue to act as a bottleneck in the patient journey, contributing to backlogs in outpatient clinics and elective procedures, extended hospital stays, and growing demand on urgent and emergency care. These delays are especially critical for time-sensitive conditions such as cancer and cardiovascular disease.

The lack of digital integration would persist, limiting the effectiveness of electronic health records, AI-driven decision support, and population health initiatives. This fragmentation would continue to undermine efforts to deliver coordinated, patient-centred care.

Workforce challenges would intensify, outdated systems and limited opportunities for professional development would make it increasingly difficult to attract and retain skilled staff, negatively impacting morale, productivity, and service quality.

Financially, continued reliance on external providers would sustain high commissioning costs and perpetuate inefficiencies, such as duplicated tests and disjointed care pathways. Without transformation, Powys would struggle to deliver value for money or meet the standards expected of a modern healthcare system.

Finally, Powys risks falling behind other regions that are embracing innovation through AI, remote diagnostics, and digital pathology. Without similar progress, the region will struggle to realise its strategic ambition of delivering care closer to home.

Emerging Opportunities

Strategic Assessment

Undertaking a strategic assessment of planned care, including medical and surgical specialties and diagnostic services in Powys, is essential to supporting both immediate improvements and long-term transformation.

It will enable informed, evidence-based decision-making by providing a clear understanding of current capacity, demand, service gaps, and future needs, allowing PTHB to make targeted, data-driven choices about investment, service redesign, and commissioning.

The assessment will help identify inefficiencies such as service duplication, delays, outdated equipment, and workforce gaps, allowing for more effective resource allocation. Financially, it offers clarity on current commissioning expenditure for externally commissioned services and highlights opportunities for cost savings and improved value for money.

It also supports better integration and coordination across care pathways by aligning diagnostics with primary, community, and specialist services. From a workforce perspective, it informs planning and development, helping to identify training needs and support recruitment and retention.

Additionally, a strategic assessment positions Powys to adopt innovation and digital transformation, identifying where tools like AI and remote diagnostics can be introduced. It also strengthens business cases and funding bids by providing robust evidence for capital and digital investment.

Ultimately, it ensures that diagnostic transformation aligns with broader system goals, such as delivering care closer to home, reducing inequalities, and improving outcomes across Mid-Wales.

Community Diagnostics

We know that separation of acute/emergency and elective diagnostics allows quicker and more convenient access to diagnostic testing as well as offering benefits to patients. This approach relieves pressures on DGH sites with a noticeable reduction expected in outpatient referrals and attendance and a resultant cost reduction for commissioning.

While it will still be necessary for some elective diagnostic tests to be undertaken in DGHs, a large proportion could be undertaken within the community, supporting care closer to home and an improved patient experience.

With this in mind, there is a growing need to explore new models of care, such as mobile diagnostics, Community Diagnostic Centres and Regional Diagnostic Hubs that may allow co-location of services enabling patients to benefit from one-stop diagnostics and reducing the need to travel between multiple sites.

Given the moderate diagnostic activity levels across Powys, developing a standalone Community Diagnostic Centre (CDC) may not be viable, however pan Wales health boards are currently exploring options for developing regional diagnostics centres, while across the border in England a number of new centres have recently been established.

Therefore, PTHB should prioritise exploring joint ventures and cross-border collaborations with neighbouring health boards and Trusts to either be part of the development of new centres or benefit from those in existence.

See Appendix 3 for list of existing and planned CDC's

Point Of Care Testing

Powys' rural geography and limited access to acute diagnostic services present a clear opportunity to expand Point-of-Care Testing (POCT) to improve access, reduce delays, and support more responsive care.

Embedding POCT into targeted clinical pathways can deliver immediate impact—particularly through the development of a community-based DVT (Deep Vein Thrombosis) pathway, enabling rapid D-dimer testing and ultrasound triage closer to home. Similarly, introducing wider use of CRP (C-reactive protein) testing in primary care can support antimicrobial stewardship by helping clinicians distinguish between viral and bacterial infections, reducing unnecessary antibiotic use.

Additionally, implementing POCT for clozapine monitoring could significantly enhance the safety and convenience of care for patients with severe mental illness, reducing the need for frequent travel for routine blood tests. Together, these innovations align with national diagnostic transformation priorities and support Powys Teaching Health Board's vision for a more agile, preventative, and locally accessible healthcare system.

Cardiac Diagnostics

Heart failure is one of the top five long-term conditions responsible for 75% of unplanned hospital admissions. Effective treatment and

community-based management can significantly reduce these costly admissions presenting a cost benefit.

Powys currently delivers echocardiography through a combination of visiting specialist clinics and cross-border service agreements. While this model has enabled access to essential diagnostics, it remains limited in scale and availability, often requiring patients to travel significant distances or face long waits.

There is a clear opportunity to build on this existing foundation by reviewing and expanding the local echocardiography provision, potentially through mobile units, community diagnostic hubs, or enhanced workforce training. Strengthening this service would support earlier diagnosis of heart failure, valvular disease, and atrial fibrillation, supporting reduced waiting times, better patient outcomes and delivering high-quality, timely care which could be expanded longer term to other imaging such as Cardiac MRI.

Additionally, there is an opportunity for the integration and expansion of wearable devices into primary care offering a transformative opportunity to enhance cardiology monitoring, particularly for conditions such as atrial fibrillation and heart failure. These devices ranging from smartwatches to patch-based monitors enable continuous, real-time tracking of heart rate and rhythm, allowing earlier detection of arrhythmias and more responsive management of cardiovascular risk.

In rural settings like Powys, wearables can reduce the need for frequent in-person appointments, supporting remote monitoring and improving access to care. Evidence from UK-based studies, including the 2024 RATE-AF trial, has shown that wearable data can be clinically comparable to hospital-based assessments, offering a reliable and patient-friendly alternative.

When integrated with digital platforms and AI-driven analytics, wearables also support personalised care planning and align with NHS ambitions to deliver more proactive, community-based cardiovascular care.

Imaging

Investment in mobile diagnostic units and Cloud-based platforms that support remote reporting capabilities can significantly improve access in rural areas, further enabling real-time collaboration between Powys and larger diagnostic centres.

For example, as previously demonstrated, deploying a mobile MRI van in Powys offers a strategic opportunity to enhance access to advanced diagnostic imaging by bringing MRI services directly into communities. This approach would reduce waiting times, improve diagnostic accuracy, and support earlier intervention for a wide range of conditions, including basic neurological, musculoskeletal, and oncological cases. It could also enable integration with local care pathways, such as MSK triage, some cancer imaging, and even dementia pathways, and enhance the patient experience by providing imaging capacity closer to home.

Additionally deploying mobile services within Powys, not only supports repatriation of imaging back into the county but also offers potential income streams and opportunities for supporting neighbouring health boards to manage their own waiting lists.

This aligns with national diagnostic transformation priorities, including the development of Community Diagnostic Centres and mobile solutions to address backlog and rising demand, reinforcing Powys Teaching Health Board's commitment to delivering high-quality, locally accessible care.

Equally, in the context of hip fractures where early diagnosis and intervention are critical to outcomes, delivering X-ray capability closer to home could support faster triage, reduce unnecessary hospital stays, and align with national goals for community-based urgent care.

Using a mobile X-ray Solution to diagnose hip fractures in Powys could potentially offer significant clinical and system-wide benefits, especially given the region's rural geography and ageing population. A recent pilot by University Hospitals Plymouth NHS Trust demonstrated the effectiveness of a mobile X-ray car service, reducing the need for conveyance and hospital admissions, reducing costs for the organisation enabling faster diagnosis and treatment planning while supporting patients to remain in familiar environments.

The recent developments of Cone Beam CT in dental imaging in PTHB offers opportunities for repatriation of maxillo-facial imaging and the potential for income streams to support private dental practices who require complex dental imaging for implantology and orthodontics.

Finally, optimisation and expansion of Ultrasound imaging to support specialist and consultant advanced practice would support delivery of vascular imaging that could assist in diagnosis of DVT's and other vascular diseases, as well as increasing the capacity available to support the

imaging needs within women's health from conception to post menopause.

Frailty & Bone Health

Delivering DEXA scanning locally in Powys would significantly strengthen the early identification and management of osteoporosis and fracture risk, which are central to addressing frailty in the population. At present, patients often need to travel outside the county for DEXA services, leading to delays in diagnosis and treatment, particularly for older adults and those with mobility challenges.

Introducing DEXA within Powys, the health board could support earlier intervention with bone-sparing therapies, reduce the incidence of fragility fractures, and improve the effectiveness of frailty assessments through timely bone density data. This would not only enhance patient outcomes and quality of life but also reduce unplanned hospital admissions and long-term care needs associated with hip and vertebral fractures.

Furthermore, local access to DEXA aligns with national priorities around healthy ageing and preventative care, reduces health inequalities and supports people to live independently for longer.

Biometric Monitoring of Eye Health

Biometry plays a critical role in ophthalmology by providing precise measurements and data that eyecare teams use to diagnose various eye conditions, plan treatments and monitor the progress of eye health over time. It enables more accurate and personalised care for patients with a wide range of ocular conditions.

Powys currently delivers biometry via a non-medical eyecare multi-disciplinary team (with in-reach ophthalmology consultant oversight). There is an opportunity to extend these services particularly within North Powys and with additional equipment/non-medical staff this service will be instrumental in the repatriation of patients with care closer to home.

The future of biometry-driven vision correction holds immense promise, driven by technological advancements, innovative approaches, and a growing understanding of individualised eye care including.

- Minimally Invasive Procedures - Biometry will contribute to the development of even less invasive and more precise procedures for vision correction. Techniques such as femtosecond laser-assisted surgery and small-incision procedures will continue to evolve, allowing for faster recovery and better outcomes.

- Early Detection and Prevention - Biometric technologies will enable early detection of various eye conditions, such as keratoconus, glaucoma, and macular degeneration. Early intervention based on biometric data will allow for timely treatment and better preservation of vision.
- Integration with Wearable Tech - Biometric measurements may become integrated with wearable devices, enabling individuals to monitor their eye health continuously. These devices could provide real-time feedback on visual changes and prompt users to seek professional care when necessary.
- Improved Postoperative Management - Biometry-driven postoperative monitoring will become increasingly sophisticated. Remote monitoring, telemedicine, and virtual follow-ups based on biometric data will streamline aftercare and ensure optimal recovery.

Endoscopy

PTHB currently provides an endoscopy and bowel screening service in Brecon Hospital delivered by in reach consultants and clinical endoscopists. The in-reach consultant service is extremely fragile due to DGH pressures and there are several emerging developments in endoscopy which may better support service delivery in a community setting delivered by a non-medical MDT including colon capsule, sponge capsule and trans nasal endoscopy.

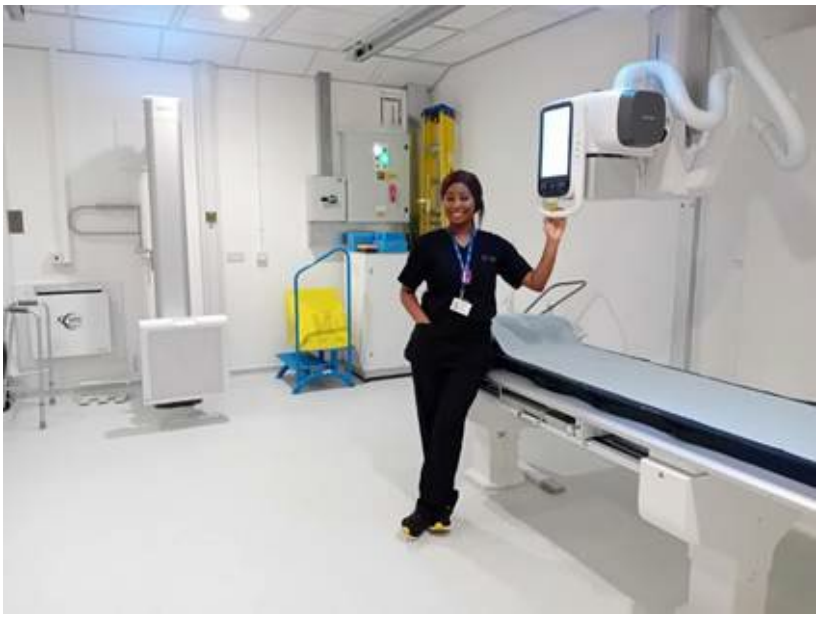
Emerging diagnostics such as colon capsule, sponge capsule, and trans-nasal endoscopy offer minimally invasive, sedation-free alternatives that are well-suited to community settings, enabling delivery by non-medical MDTs, improving patient access, reducing hospital dependency, and enhancing early detection and triage.

Modernising Infrastructure and Embracing Digital Innovation

Powys Teaching Health Board (PTHB) has a unique opportunity to transform its diagnostic services by aligning estate modernisation with digital innovation.

A streamlined and future-proofed estate enables more agile service delivery models, such as mobile diagnostics, pop-up clinics, and remote reporting utilising teleradiology, particularly valuable in Powys' rural and dispersed communities.

Recent capital investment, including the £1.7 million upgrade of X-ray units across community hospitals, has laid the groundwork for further transformation.



However, continued investment is essential to expand diagnostic capacity and performance across the county. New builds and refurbishments should be designed with digital readiness in mind, incorporating infrastructure to support innovative digital tools and modular expansion for mobile services.

Digital transformation offers significant efficiency and quality gains. Integration of systems through the Radiology Informatics System Procurement (RISP) Programme, alongside national initiatives like the All-Wales LIMS and Digital Pathology Network, will enable faster, clearer diagnostics and improved data sharing. AI-powered triage tools and automation in sample processing can reduce backlogs and free up staff for more complex tasks.

Artificial intelligence (AI) applications in imaging, particularly for cancer screening, offer transformative potential by enabling earlier detection, faster triage, and more efficient treatment planning. Automation in sample processing and reporting can also free up clinical staff for more complex tasks, improving overall productivity.

To fully realise these benefits, PTHB must invest in digital infrastructure and workforce development. This includes upgrading connectivity, enabling virtual consultations and e-referrals, and introducing roles such as diagnostic care navigators and advanced practice scientists.

Structured digital literacy programmes and targeted upskilling will further ensure staff are equipped to adopt and lead innovation.

By aligning estate development with digital transformation, Powys can deliver faster, more accessible diagnostics, improve patient outcomes, and create a more attractive, sustainable environment for recruiting and retaining skilled professionals.

With national support for upgrading digital infrastructure in rural health boards and expanding access to cloud-based diagnostic platforms, Powys is well-positioned to become a model for digitally enabled, rural diagnostic care.

Workforce

PTHB has a valuable opportunity to strengthen its diagnostics workforce strategy by aligning workforce plans with service activity, demand, and population health data. This integrated approach will support long-term planning and ensure resources are directed to areas of greatest need.

Building on successful collaboration with HEIW in diagnostics, particularly through 'grow your own' workforce models, PTHB can expand targeted recruitment and training for school leavers, career changers, and return-to-practice professionals.

Strengthening partnerships with local colleges and universities will help create accessible, flexible training pathways tailored to the needs of rural communities.

Further workforce development opportunities include expanding advanced practice roles building on reporting Radiographers to develop further skills in Vascular & MSK Ultrasound, fostering interdisciplinary collaboration through shared training and joint roles across care settings, and developing blended roles e.g. nurse-paramedics or MSK physio-sonographers to enhance service flexibility.

Rural-specific leadership programmes, supported by secondments, fellowships, and mentorship, can also nurture future leaders without requiring relocation. To retain staff, investment in wellbeing, flexible working, recognition schemes, and community integration, including guidance on housing is essential.

Additionally, streamlining PTHB’s estate and centralising services can improve team collaboration, supervision, and training, while modern, well-equipped environments contribute to higher job satisfaction and reduced burnout.

Collectively, these initiatives offer significant benefits: a more resilient and satisfied workforce, reduced health inequalities, and improved cost-efficiency through better resource utilisation and reduced duplication.

Commissioning Opportunities

Strengthening contract management and commissioning for diagnostics within Powys Teaching Health Board presents a critical opportunity to enhance service quality, value for money, and accountability across a complex network of providers, many of which operate across organisational and geographical boundaries.

Given Powys' reliance on commissioned services from neighbouring health boards and NHS trusts, robust contract oversight ensures that services are responsive to local needs, deliver agreed outcomes, and align with the Board's strategic priorities.

Improved commissioning capability also enables PTHB to shape more integrated, preventative models of care, drive innovation through outcome-based contracts, and ensure that resources are targeted where they will have the greatest impact.

The strategic assessment of diagnostic pathways could further strengthen this approach by improving visibility and data quality around diagnostic commissioning, enabling more informed decision-making, identifying unwarranted variation, and releasing opportunities to reduce costs through repatriation, better demand management, streamlined service models, and enhanced use of community-based diagnostics.

Ultimately, this approach supports better population health, improved patient experience, and more sustainable use of public funds.

Women's Health

Building on PTHB's successful delivery of the antenatal screening Wales obstetric imaging programmes, improved access to diagnostics for wider women's health areas is a vital step towards addressing long-standing inequalities and ensuring timely, person-centred care.

Given the geography and limited local access to specialist services, many women may face delays in diagnosis for conditions such as endometriosis, menopause-related complications, pelvic pain, and gynaecological cancers. Strengthening diagnostic pathways through community-based ultrasound and improved referral mechanisms, can significantly reduce these delays and improve outcomes.

Enhanced access also supports earlier intervention, reduces the burden on acute services, and aligns with national priorities to improve women's health equity.

For PTHB, investing in women's health diagnostics is not only a matter of clinical need but also an opportunity to deliver more responsive, preventative, and locally accessible care for the population.

Conclusion

Diagnostic services in Powys are under real strain and change is essential. Long travel times, delays in getting tests, and stretched services are everyday challenges for patients and staff alike.

Rural geography, staff shortages, outdated equipment, and rising demand, especially from an ageing population who frequently exhibit a high degree of co-morbidities, are pushing the system to its limits. Financial pressures and Welsh Government performance monitoring only add to the urgency, demanding smarter, more sustainable solutions.

While it would be remiss to focus on fixing diagnostics in isolation, we must recognise that they are the backbone of wider transformation across Powys. Faster, more accessible testing supports quicker decisions in primary care, better care in community hospitals, timely mental health assessments, and improved outcomes in planned care and women's health.

National strategies, including the NHS Wales Diagnostic Strategy, call for more joined-up, digital-first, and community-based diagnostics and Powys must align itself to these principles.

To achieve this, targeted investment in equipment, digital tools, workforce, and local access is essential but must be balanced within tight financial constraints. PTHB must therefore focus on areas where it can consolidate, streamline, and disinvest, while developing robust commissioning data to support transformation, repatriation, and income-generating opportunities.

In conclusion, transforming diagnostic services in Powys is not just a clinical necessity it is a strategic imperative. It will require difficult decisions, targeted investment, and a relentless focus on value, but the potential benefits for patients, staff, and the wider health economy are profound.

Appendix 1 – MAG Report Themes

Ministerial Advisory Group (MAG) Report on NHS Wales Performance and Productivity

1. Planned Care and Diagnostics

- **Expand diagnostic capacity** through community diagnostic hubs.
- **Streamline elective care pathways** to reduce long waits.
- **Standardize referral and triage processes** across health boards.
- **Use data-driven approaches** to manage waiting lists and prioritize care.

2. Cancer Services

- **Reduce variation in cancer pathways** across regions.
- **Improve early diagnosis** through better access to imaging and pathology.
- **Strengthen multidisciplinary team (MDT) working** and leadership.
- **Invest in workforce and digital tools** to support cancer care delivery.

3. Urgent and Emergency Care

- **Enhance integration** between primary, community, and hospital services.
- **Develop regional urgent care plans** to manage demand more effectively.
- **Improve ambulance handover times** and flow through emergency departments.

4. System Leadership and Accountability

- **Clarify roles and responsibilities** across NHS Wales and government.
- **Introduce a national performance framework** with clear metrics.
- **Strengthen leadership development** and succession planning.

5. Digital, Data, and Innovation

- **Accelerate digital transformation** to support productivity.
- **Improve data quality and access** for decision-making.
- **Use digital tools** to support patient self-management and remote care.

6. Regional and Capital Planning

- **Use regional planning** to reduce duplication and improve service sustainability.
- **Align capital investment** with long-term service transformation goals.

Appendix 2 (a) – All Wales & Powys by Site Performance

Diagnostic and Therapy services waiting times by individual weeks waiting, health board, hospital site and age group, from November 2019 onwards

Note that data included in this dataset covers a time period during the coronavirus (COVID-19) pandemic, which has affected both how some NHS services have been offered and people's choices regarding health services. See the latest release for more information.

Diagnostics Waits Pan Wales

Age group (Total) | Date (Sep-24) | Service (Diagnostics)

Service | Age group | Date

Weeks waiting

Hospital			Total Waiting: Up to 8 Weeks	Total Waiting: 8 to 14 Weeks	Total Waiting: Over 14 Weeks	Total Waiting
All Welsh Hospitals			67,919	14,641	28,648	111,208
All Welsh Hospitals	Betsi Cadwaladr University Health Board		14,330	3,829	4,638	22,797
	Powys Teaching Health Board		490	38	86	614
	Hywel Dda LHB		11,348	3,459	2,075	16,882
	Swansea Bay University Health Board		8,279	761	2,535	11,575
	Abertawe Bro Morgannwg University LHB		.	.	.	.
	Cwm Taf Morgannwg University Health Board		9,554	2,128	3,289	14,971
	Cwm Taf LHB		.	.	.	.
	Aneurin Bevan LHB		13,901	1,132	2,109	17,142
	Cardiff and Vale University LHB		10,017	3,294	13,916	27,227

Powys by Hospital site

Age group (Total) | Date (Sep-24) | Service (Diagnostics)

Service | Age group | Date

Weeks waiting

Hospital			Total Waiting: Up to 8 Weeks	Total Waiting: 8 to 14 Weeks	Total Waiting: Over 14 Weeks	Total Waiting
All Welsh Hospitals	Powys Teaching Health Board		490	38	86	614
	Powys Teaching Health Board	Breconshire War Memorial	197	23	83	303
		Brodd'yfi Community	.	.	.	.
		Bronllys	.	.	.	.
		Builth Wells Cottage	.	.	.	.
		Glan Irfon	.	.	.	.
		Knighton	.	.	.	.
		Llandrindod Wells	8	.	.	8
		Llanidloes War Memorial	.	.	.	.
		Montgomery County Infirmary	113	.	.	113
		Rhayader GP Surgery	.	.	.	.
		Unknown Sites in Powys LHB	.	.	.	.
		Victoria Memorial	67	14	3	84
		Ystradgynlais Community	105	1	.	106

Appendix 2 (b) – England Provider Performance

Provider Name	Diagnostic ID	Diagnostic Test Name	Total Waiting List	Number waiting 6+ Weeks	Number waiting 13+ Weeks	Percentage waiting 6+ weeks	00 <01 weeks	01 <02 weeks	02 <03 weeks	03 <04 weeks	04 <05 weeks	05 <06 weeks	06 <07 weeks	07 <08 weeks	08 <09 weeks	09 <10 weeks	10 <11 weeks	11 <12 weeks	12 <13 weeks	13+ weeks	Planned tests / procedures	Unscheduled tests / procedures	Waiting list tests / procedures (excluding planned)
							Timeband														Activity		
Sandwell and West Birmingham Hospitals NHS Trust	15	Gastroscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Sandwell and West Birmingham Hospitals NHS Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Shropshire Community Health NHS Trust	3	Non-obstetric Ultrasound	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Shropshire Community Health NHS Trust	6	Audiology - Audiology Assessments	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Shropshire Community Health NHS Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	1	Magnetic Resonance Imaging	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	2	Computed Tomography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	3	Non-obstetric Ultrasound	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	5	DEXA Scan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	1	Magnetic Resonance Imaging	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	2	Computed Tomography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	3	Non-obstetric Ultrasound	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	5	DEXA Scan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	6	Audiology - Audiology Assessments	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	7	Cardiology - Echocardiography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	8	Neurophysiology - Peripheral Neurophysiology	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	10	Respiratory physiology - Sleep Studies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	12	Colonoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	13	Flexi Sigmoidoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	14	Cystoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	15	Gastroscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Royal Wolverhampton NHS Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	1	Magnetic Resonance Imaging	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	2	Computed Tomography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	3	Non-obstetric Ultrasound	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	6	Audiology - Audiology Assessments	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	7	Cardiology - Echocardiography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	8	Neurophysiology - Peripheral Neurophysiology	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	10	Respiratory physiology - Sleep Studies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	11	Urodynamics - Pressures & Flows	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	12	Colonoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	13	Flexi Sigmoidoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	14	Cystoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	15	Gastroscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
The Shrewsbury and Telford Hospital NHS Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	1	Magnetic Resonance Imaging	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	2	Computed Tomography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	3	Non-obstetric Ultrasound	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	5	DEXA Scan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	6	Audiology - Audiology Assessments	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	7	Cardiology - Echocardiography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	8	Neurophysiology - Peripheral Neurophysiology	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	10	Respiratory physiology - Sleep Studies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	11	Urodynamics - Pressures & Flows	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	12	Colonoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	13	Flexi Sigmoidoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	14	Cystoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	15	Gastroscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Worcestershire Acute Hospitals NHS Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	1	Magnetic Resonance Imaging	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	2	Computed Tomography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	3	Non-obstetric Ultrasound	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	5	DEXA Scan	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	6	Audiology - Audiology Assessments	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	7	Cardiology - Echocardiography	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	8	Neurophysiology - Peripheral Neurophysiology	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	10	Respiratory physiology - Sleep Studies	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	11	Urodynamics - Pressures & Flows	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	12	Colonoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	13	Flexi Sigmoidoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	14	Cystoscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	15	Gastroscopy	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Wye Valley NHS Trust	16	Total	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Appendix 3 – CDC Information

England Community Diagnostic Centres – Bordering Wales

Commissioning Region	Name of CDC or Spoke site	Location
South West	Gloucestershire Quayside CDC	Gloucester
South West	North Bristol CDC	Bristol
Midlands	Cannock Chase CDC	Cannock
Midlands	Shropshire, Telford & Wrekin CDC	Telford
Midlands	Hereford City CDC	Hereford
Midlands	Kidderminster CDC	Kidderminster
Midlands	South Warwickshire CDC	Stratford-upon-Avon
North West	Clatterbridge Diagnostics CDC	Wirral
North West	Ellesmere Port CDC	Ellesmere Port
North West	Stoke on Trent CDC	Hanley
North West	Warrington & Halton	Runcorn

Wales Planned CDCs

- Cwm Taf Morgannwg, Cardiff & Vale and Aneurin Bevan are partnering to develop potentially 2 Regional Diagnostic Centres
- Swansea Bay is exploring options and considering partnering with Hywel Dda but are believed to be still in the scoping phase
- Betsi Cadwaladr are in the scoping phase and considering CDC development currently