

Evidence for models of diagnostic service provision in the community: literature mapping exercise and focused rapid reviews

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Plain English summary

Diagnostic service provision in the community

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Many diagnostic tests can be done in hospitals or in other places such as general practitioners' surgeries or health centres (often referred to as 'community settings' because they tend to be located nearer to where patients live). We carried out a number of literature reviews to assess whether or not providing services outside hospitals has benefits for patients or the NHS. We started by carrying out a broad search to map the quantity of published research and the types of tests and health conditions studied. We then looked at three specific areas in more detail. These were practical aspects of providing services outside hospitals, ultrasound scanning, and tests used to diagnose the cause of breathing problems.

We found that very few studies have directly compared different ways of organising diagnostic testing. There was some evidence that testing patients in the community can avoid people being referred to hospital and allow them to be treated closer to home. Evidence about the quality and safety of community-based services was unclear. In the absence of clear evidence, decisions about how to provide services may be based on other factors. These include policies to encourage moving services out of hospitals; the availability of a wider range of suitable tests and/or improved equipment; and the ability of commercial providers to bid for NHS contracts. Barriers include issues related to staffing, training and quality control. Further research is needed to compare the outcomes for patients and value for money of community-based and hospital-based diagnostic testing.

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