BIVDA
British In Vitro Diagnostics Association

UNLOCKING OUR COMMUNITIES' DIAGNOSTIC POTENTIAL

A consensus on the role of community diagnostics for an NHS fit for the future

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THIS DECLARATION IS SUPPORTED BY:

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I am delighted to contribute a foreword to this policy declaration, which outlines the significant potential to expand access to rapid, point of care IVDs in community and primary care settings.

As Chair of the All-Party Parliamentary Group (APPG) on Pharmacy, I very much recognise the vital role that neighbourhood-based care should play in making health services work better for people and communities, and I firmly believe that this is the step change needed to deliver an NHS that is fit for the future. Community diagnostics are a hugely valuable tool for supporting this change and it is vital that their value is recognised as reform within the NHS progresses.

This policy declaration rightly highlights not only the challenges that we face over the coming years – the threat of antimicrobial resistance (AMR), growing year-round pressures on the NHS, and an ageing population with particular susceptibility to infections that drive both AMR and pressures on secondary care – but also the opportunities to address these challenges through improving access to rapid, point of care IVDs in community and primary care settings.

This policy declaration underlines the relevance of community diagnostics to the government's vision for healthcare, particularly the three shifts that are very much needed to safeguard the future of the NHS – including the vital role that community pharmacy can play in this agenda, with the right investment and support. For too long, these diagnostics have been overlooked in policy, and this consensus presents a compelling case for recognising the value of rapid, point of care IVDs alongside other diagnostic technology, as the government progresses with the 10 Year Plan.

It is my sincere hope that through initiatives such as this consensus statement, and collaborative working across relevant agencies, the government, healthcare professionals, patients and the general public, we can unlock the potential of community diagnostics and reverse the growing threat of AMR.

WHAT DO WE MEAN BY 'COMMUNITY DIAGNOSTICS'

There are a number of commonly used terms to describe in vitro, rapid, point of care tests that can be carried out in primary care and community settings.

In Vitro Diagnostics (IVD)

are tests that take place outside of the body (in vitro meaning 'in glass'), which can detect disease, conditions and infections.

Rapid diagnostic test (RDT)

is a term used to describe in vitro diagnostic tests that are quick and easy to perform and that return results in a short amount of time – often in under an hour.

Point of care tests (POCT)

are in vitro diagnostic tests that can be administered 'on site' at the point of care, meaning patients don't need to go into hospital for the test and a laboratory isn't required to generate a test result. The terms POCT and RDT are often interchangeable.

Community diagnostics

can refer to many different types of diagnostic test – from imaging to blood pressure monitoring, ECGs, and colonoscopies, whenever these tests are performed in a community or primary setting, such as a pharmacy, general practice, or community hub. Community diagnostics also includes IVDs used in these settings.

Community diagnostics could be a cornerstone of a truly 'neighbourhood NHS' – to be used in settings such as GP practices, pharmacies, care homes, urgent treatment centres, and even in mobile facilities in the community – bringing care directly to the patient, into neighbourhoods and out of hospital.

Rapid, point of care IVDs encompass a wide range of tests that can be used in the community to diagnose a range of conditions (including heart failure, diabetes and COPD). This declaration focuses particularly on conditions associated with significant antibiotic prescribing that also place a significant burden on secondary and emergency care – including urinary tract infections (UTIs) and respiratory tract infections (RTIs) such as influenza, RSV, COVID-19 and pneumonia – where there is a need to triage patients that are likely to have severe infection requiring urgent health assessment and where significant progress on antimicrobial stewardship could be made through adoption of rapid, point of care IVDs in primary and community settings.

Unlocking the Potential of Community Diagnostics in a Future-Fit NHS

We believe that access to community diagnostics goes hand in hand with the shifts that are needed for the NHS and have a role to play in the vision for healthcare that has already been set out by the government.

FROM HOSPITAL TO COMMUNITY

Community diagnostics can help to ensure that we have an NHS that can provide care at the right time, in the right place all year round

Each year the NHS faces significant pressure over the winter period as demand for services increases, with thousands of patients visiting emergency care due to respiratory illness. The experience of the 'quad-demic' has underlined the substantial demand placed on services – with over 14 NHS Trusts declaring critical incidents in January 2025 due to rising numbers of patients with flu, COVID-19 and RSV. [1] Together with associated secondary bacterial infections, this demand leads to lengthy waits for consultation and admission, ambulances facing difficulties handing patients to emergency departments, and knock-on impacts across the health service.

Beyond winter pressures, UTIs are an example of infections that have a significant impact on emergency care – as the most common infection leading to emergency hospital attendance and admission.[2]

In a truly neighbourhood NHS, more of these patients would be seen in primary and community care settings. Community diagnostics can support quick and easy diagnostic decisions, helping to implement infection control measures, as well as triaging people outside of hospital to manage secondary care capacity, including reducing hospital attendance for those with minor infections and prioritising attendance for those with suspected serious infections and sepsis.

Innovative models, such as the use of community pharmacy; Acute Respiratory Infection (ARI) Hubs; and neighbourhood centres, offer alternative routes in the community for testing and triaging patients with infections, but so far these models have not received proper resourcing – they must be fully funded, to include community diagnostics and appropriate workforce, including biomedical scientists and other healthcare professionals, to leverage their full potential. Successful adoption and implementation will require clear governance structures, training programmes, and ongoing quality oversight to ensure diagnostic accuracy, patient safety, and optimal outcomes.

The 10 Year Plan should provide a foundation for enabling new models of care and the adoption of community diagnostics across the country in existing models, so that the NHS can provide high quality, accessible care all year round.

Community diagnostics can optimise schemes such as Pharmacy First and support an enhanced role for community pharmacy

The updated 'Delivery plan for recovering access to primary care' set a target for Pharmacy First to deliver at least 320,000 consultations each month by March 2025. Since then, the Secretary of State for Health and Social Care has underlined an intention for community pharmacy services to play an even greater role in health provision and to be 'even more ambitious' through Pharmacy First and other pharmacy services to alleviate pressure on primary care and secondary care, particularly A&E attendances.[4]

Adoption of community diagnostics goes hand in hand with expanding the role of community pharmacy within a 'neighbourhood NHS' – equipping pharmacists with the right technology to triage patients who might otherwise end up attending A&E or making repeat visits to primary care and ensuring secondary care services can be accessed rapidly by those with the most acute need. NICE must take steps to ensure that clinical guidelines keep pace with innovation – so that community pathways can benefit from evidence-based adoption of diagnostic technology – to enhance stewardship around those conditions most associated with significant levels of antibiotic prescribing. This in turn would support the realisation of current and future opportunities under Pharmacy First for evidence-based use of rapid, point of care diagnostics for those conditions, enabled by appropriate resourcing and investment.

The 10 Year Plan should affirm the government's commitment to expanding the role of community pharmacy, with a recognition that community diagnostics offer real value in relation to supporting community pharmacy and enabling neighbourhood-based care.

FROM SICKNESS TO PREVENTION

Community diagnostics can help to tackle AMR and prevent future public health threats

AMR has the potential to become one of the most profound health challenges ever faced both in the UK and globally – with far reaching implications for health services across the world and an impact on almost every area of modern medicine.

Whilst many might think of AMR as a challenge of the future, its impacts are being felt right now - in the UK, AMR contributes to an estimated 35,200 deaths and is directly responsible for 7,600 deaths.[5] The 10 Year Plan should consider how major public health threats like AMR can be addressed alongside the day-to-day pressures on NHS services.

Community diagnostics could offer major 'policy wins,[6] supporting clinical decision making and reducing unnecessary antibiotic prescribing – whilst ensuring that people who require urgent hospitalisation, such as those with suspected sepsis, are prioritised for immediate transit – but to leverage this potential there must be a shift towards adoption of diagnostic technologies, with supporting system incentives.

It has been almost a decade since the O'Neill Review made recommendations on the use of diagnostics to tackle AMR[7] and very little progress has been made on this agenda, despite more recent reports reinforcing the Review's findings.[8] The current AMR Action Plan, published under the previous government in May 2024, does not make the necessary commitment to adoption of diagnostics to tackle AMR.

Now is the time to ensure a future-fit NHS that embeds antimicrobial stewardship within the day-to-day operations of community and primary services, with a commitment and process in place to ensure that by 2030, appropriate diagnostic tests support all antibiotic prescribing.

Community diagnostics can help to protect at-risk populations

People living in care homes are at disproportionate risk of both acute respiratory infections and UTIs – for example, a significant proportion of flu outbreaks start in care homes.[9] Community diagnostics can support these services to practice infection control, in order to manage outbreaks and prevent sickness.[10]

Community diagnostics can also support effective management of people who have an acute respiratory infection, to enable access to the right care at the right time. This includes support for decisions on antibiotic prescribing, with studies showing that there is scope to optimise antibiotic use in this population to address the risk of both treatment failure and AMR.[11]

Optimised management in these settings also supports an overall reduction in the number of people accessing hospital services for ARIs, which benefits patients who would otherwise be at risk of hospitalisation, and services that are able to divert capacity elsewhere and more readily meet the needs of people with infection who have developed sepsis, through coordinated pathways which ensure their rapid access to dedicated teams in secondary care.

The 10 Year Plan should consider the health of at-risk groups and commit to using community diagnostics to support improved outcomes and to manage demand on NHS services.

FROM ANALOGUE TO DIGITAL

Community diagnostics can be fully leveraged through the development of future-facing data infrastructure

The use of community diagnostics is held back by the limitations of data systems and a lack of interconnectivity between different parts of the health service.

In relation to AMR, the constraints on data infrastructure have made it difficult to attain ambitions under the AMR Action Plan 2019-2024, specifically the commitment to measure the percentage of antibiotic prescriptions that are informed by the use of a diagnostic test. This commitment was understood to be a critical aspect of antimicrobial stewardship efforts, following the O'Neill Review in 2016, but was removed as a quantitative target under the new iteration of the Action Plan as it was deemed to not be measurable.[5]

Wider adoption of community diagnostics is an example of the innovation that could be enabled through a shift towards improved digital infrastructure across the NHS. The 10 Year Plan should recognise and reference optimised use of community diagnostics as a benefit resulting from the shift from analogue to digital.

CALLS TO ACTION

We are calling on the government to commit to recognising the role of community diagnostics within a truly neighbourhood NHS and to introduce the following **commitments in the 10 Year Plan**:

Appointment of a dedicated, full time National Diagnostics Director responsible for overseeing the strategic direction of policy on diagnostics at a national level, and with responsibility for championing access to community diagnostics within wider reforms for a neighbourhood NHS – such as adoption in community diagnostic centres – including approaches to incentives, informatics and pathway design.

Investment in the Pharmacy First programme to support the adoption of evidence-based rapid, point of care IVDs and to support an expansion of the scheme to include respiratory tract infections, with supporting resource and incentives.

Designing a health system that can provide care all year round by integrating winter planning and access to community diagnostics into a future neighbourhood NHS.

Recognition of the threat of AMR and support for expanded adoption of diagnostics to support clinical decision making around antibiotic prescribing all healthcare settings. This should set out a process for achieving Lord O'Neill's recommendation that all antibiotic prescriptions are made with the use of a clinical decision-making tool by 2030, including a commitment to measure the percentage of antibiotics prescriptions informed by the use of a diagnostic test.

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