

England has a late diagnosis problem

40% of HIV patients are diagnosed late,¹ a quarter (24%) of cancer patients are only diagnosed after an emergency presentation,² and there are around 1 million people living with undiagnosed type 2 diabetes.³ Late diagnosis means that conditions are harder to treat, chances of survival are reduced and the cost of care is increased. It also disproportionately affects the poorest communities and ethnic minorities.⁴

The NHS Long Term Plan made a number of welcome commitments to address late diagnosis in a range of disease areas, particularly cancer.⁵ However, if we are to address the UK's late diagnosis problem, more comprehensive action should be taken across a wider range of disease areas.

In vitro diagnostics can help address this problem, but more investment is needed

In vitro diagnostics (IVDs) test a sample of tissue or bodily fluid to diagnose a disease or condition.¹² IVDs can help identify the causes of ill health, assess people for potential health problems and provide ongoing monitoring of their health. IVDs play a role in four out of every five patient pathways across the NHS.⁶

However, more investment is needed to recognise their potential through early diagnosis:

- **There are shortages in diagnostic capacity and staff**, which mean key waiting time standards for diagnostics are routinely being breached, affecting patient outcomes⁷
- **Diagnostics are not sufficiently being prioritised in the NHS** as there is a lack of strategic coordination of the delivery of IVDs across the health service
- **The commissioning of diagnostics can be fragmented** and unclear

More timely diagnosis can improve patient care and save valuable resources

Earlier diagnosis has the potential to:

- **Reduce pressure on the NHS**, by freeing up capacity for more complex cases, helping patients spend just hours in hospital rather than being admitted to a ward⁸
- **Generate significant savings**, for example, it costs three times more to treat ovarian cancer at stage 4 than it does at stage 1⁹
- **Address significant health challenges in the UK**, with IVDs playing a vital role in identifying the need for antibiotics, combatting their inappropriate use

How you can help

1. **Press for coordinated, national strategic leadership on IVDs and early diagnosis**
2. **Ask the Government to set specific goals for earlier diagnosis across all medical conditions**, building on the commitments of the NHS Long Term Plan⁸
3. **Call for more investment in IVDs**, including capital investment in the latest IVD technologies and workforce training
4. **Streamline the commissioning of IVD technologies**, to maximise patient benefit from the latest innovations

The British *In Vitro* Diagnostics Association (BIVDA) is the national industry association for the manufacturers and distributors of IVD products in the UK and would like to work with you to improve patients' lives through earlier diagnostics. Should you wish to meet with us, please do not hesitate to contact Doris-Ann Williams MBE, Chief Executive of BIVDA, at Doris-Ann@bivda.org.uk.

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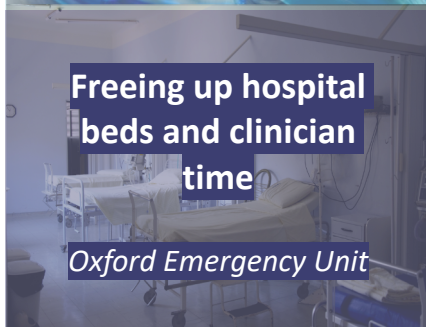
In vitro Diagnostics in action:

These practical examples highlight how proper investment in the latest *in vitro* diagnostic technology can reduce late diagnosis and improve patient outcomes



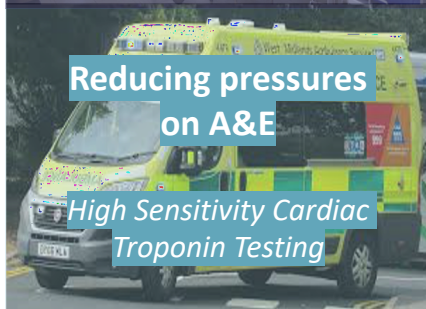
Myeloma is cancer of the white blood cells, and is usually diagnosed through an insensitive, time-consuming process which can be ineffective.

The 'serum free light chain analysis' test has been proven to have **greater accuracy**, **reduce delays** in diagnosis, and diagnose a larger range of conditions. This means patients can get results and start treatment **more quickly and efficiently**, which can drastically improve survival rates.



Combining a point of care blood test with X-Ray facilities, as done at the Oxford Emergency Unit, can enable patients to receive **rapid results** and a quick diagnosis within an hour of booking their appointment.

The use of this procedure can mean that 85% of patients can go home on the day that they receive diagnosis, freeing up hospital beds and clinician time, ensuring conditions are caught **early and treatment plans commence sooner**.



Chest pain accounts for 10% of A&E attendance but monitoring the condition in A&E is time consuming and costly. Cardiac Troponin tests can confirm a heart attack much more rapidly, in as little as 2-3 hours.

Even if used on just 10 patients a day, it can free up **28,000 hours of A&E time** in one department alone over the course of a year and ensure the **appropriate treatment** is given to the patient in the shortest time frame.



A rapid point of care test, piloted in A&E, can determine if a patient has a **bacterial infection** as opposed to a viral infection, causing a sore throat.

Using this test has demonstrated a **70% reduction in unnecessary antibiotic prescriptions** for tonsillitis in A&E. Innovations such as this can help the NHS rapidly reduce the prescriptions of antibiotics and help combat antimicrobial resistance.

References

¹BIVDA, *The Value of IVDS*, accessed February 2020; ²BIVDA, *The Value of IVDS*, accessed February 2020; ³Public Health England, *Sexual and reproductive health profiles*, 2015; ⁴National Cancer Registration and Analysis Service, *Routes to diagnosis*, accessed November 2019; ⁵Diabetes UK, *Number of people living with diabetes doubled in twenty years*, 2019; ⁶Imperial College London, *Poorest dying nearly ten years younger than the rich in 'deeply worrying' trend*, 2018; ⁷National Audit Office, *NHS waiting times for elective and cancer treatment*, 2019; ⁸Cancer Research UK and Incisive Health, *Saving lives, averting costs – an analysis of the financial implications of achieving earlier diagnosis of colorectal, lung and ovarian cancer*, 2014; ⁹National Audit Office, *NHS waiting times for elective and cancer treatment*, 2019; ¹⁰National Audit Office, *NHS waiting times for elective and cancer treatment*, 2019; ¹¹NHS England, *NHS Long Term Plan*, January 2019; ¹²BIVDA website, accessed February 2020