



# Can the doctor see you now?

Attitudes to healthcare and the need for a new patient focus.



# The current state of healthcare

When it comes to health awareness, the UK has rarely been in better shape. Healthy diets are surging in popularity, while high-profile campaigns are helping more people open up and speak about their mental health. Physical fitness has also become something of a British obsession. After Germany, the UK has the largest fitness market in Europe – making up 19% of the continent’s entire revenue<sup>1</sup>.

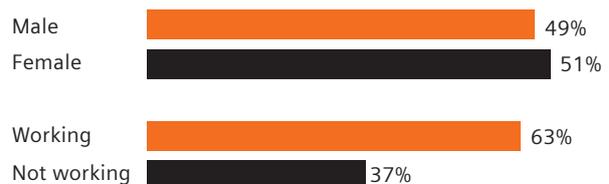
There’s a mountain to climb and the road ahead won’t be easy, but it’s positive to see so much of the general population taking an active role in improving their own mental and physical health. ‘Wellness’ should be welcomed.

However, no matter how healthy the individual, every citizen will need healthcare support from the system at some point in their lives. When that time comes, they will need access to expert consultancy and the facilities for proper screening and diagnosis. The question is, does the current UK health model deliver?

To deliver a patient-first health service, we first need to find out what patients want. What are the perceptions of the community, what are their frustrations and what would make them more likely to seek care? Do they know where to go to receive the most appropriate treatment, and are they aware of all the options available to them within their community?

**To find out, Siemens Healthineers conducted a survey of 2,000 UK residents across the country to gain a deeper understanding of attitudes to current healthcare provision and awareness of healthcare options for the UK population. The survey covered a range of employment types, including construction, office jobs and education, as well as a range of annual household incomes. Of the results, 49% were male and 51% female across the whole of the UK.**

## British people surveyed



With the insight contained in this report, we can start to form the basis of a more effective, patient-focused model of care – one that can exist within current realities and restrictions.

<sup>1</sup> Deloitte, European Health & Fitness Market Report, 2018



# The healthcare frustrations of the nation

## Going behind the curtain of Britain's perceptions and experiences.

To talk of a single or shared patient experience of the NHS would not be helpful. Though a 'national' health service, the UK health system isn't monolithic – the number of hospitals, doctors per person, admission rates and funding differ substantially from place to place<sup>2</sup>. Add to this the experience of the individual patient, whose expectations and preferences should never be presumed.

However, there are some issues that cut across all age and occupation groups. When asked about what frustrated them about the current health system, respondents overwhelmingly replied that it was the impact their healthcare experience had on their normal routine and lifestyle.

**Indeed, our healthcare needs seem to be taking up more of our time, with almost half (48%) of workers having to take time off work over the last year to attend medical appointments.**

On average, workers missed three days of work to attend appointments. In addition to this, three in ten have had to take time out to receive treatment in the last year, taking an extra four days off on average.

Taking time out for treatment is greatest in Wales, with Welsh workers needing to take seven days off work on average in the last year. By contrast, respondents from Southampton only had to take one and half days off work.

**7 days** on average is the number of days off Welsh workers needed for treatment, in the last year.

This underlines the potential regional disparity between different trusts and health boards. For example the evidence suggests that in certain geographies, such delays and inefficiencies result in patients taking more time off work than would otherwise be necessary.

At a time when the UK is struggling with productivity levels, such inefficiencies take much needed capacity away from the wider economy.

Frustrations aren't helped when the majority of respondents feel that interactions with the health service regularly result in their time being wasted. When asked what frustrated them the most about their healthcare experiences, respondents overwhelmingly replied that it was waiting times.

Three in five (60%) said they were frustrated at having to wait for a medical appointment, either at their GP's or hospital, while 55% are regularly annoyed by long waiting times for diagnoses. A similar proportion (52%) feel frustrated at waiting for the actual medical treatment following their screening. Currently, the waiting time standards are 18 weeks from referral to treatment<sup>3</sup>.

The frustrations of patients broadly reflect what has become a perennial challenge for the NHS. When it comes to screening and receiving high-quality treatment, there are numerous logistical challenges keeping the UK healthcare system from meeting the needs of communities. These include:

- The UK ageing faster than the health service can recruit new healthcare professionals.
- Strict budgetary requirements exacerbating the issue.
- Difficulty for trusts and health boards to invest in the latest facilities and technologies.

<sup>2</sup> The King's Fund, Variations in Healthcare, 2011

<sup>3</sup> NHS Inform, Waiting times, December 2019

The NHS is struggling to keep up with rocketing demand. This is putting an unprecedented strain on NHS facilities, health outcomes and the patient experience.

Ultimately, this squeeze has contributed to NHS England recently posting its worst waiting times on record<sup>4</sup>.

Added to this, are wider social and cultural issues. While awareness around health is growing, we're often our own worst enemy when it comes to actually getting the help we need. Busy lifestyles mean people are more likely to ignore health problems and delay getting screened out of a reluctance to take time off work.

In our data set this was most pronounced amongst construction workers – 10% of whom admitted they'd be more likely to ignore the problem rather than go to the doctor's. This is likely a prominent concern for the growing number of people<sup>5</sup> working under zero-hour contracts. Other groups are also feeling the strain. In particular, frustrations around waiting for appointments are felt most by those working in demanding retail and educational environments (70% and 63% respectively).

A successful healthcare system should be focused on the needs of the patient first and foremost. It should prioritise delivering the best and most effective preventative, remedial and follow-up care. Instead, we have a system that's in a permanent state of crisis management, and struggling to meet the needs of its patients.

NHS staff and administrators need the proper resources and time to offer the best patient outcomes and experiences. However, for those under their care, time is precious, and their patience is running out. The challenge is, most people appear to see healthcare as an interruption or inconvenience to their daily lives, rather than a core part of it.



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<sup>4</sup> NHS England, Combined Performance Summary, November 2019

<sup>5</sup> ONS, People in employment on zeros hours contracts, August 2019

# What are we waiting for?

## Making 'wellness' more welcoming.

People are willing to make sacrifices for their health. Small actions and decisions, like deciding to spend an extra hour in the gym or to cycle instead of driving to work, can make a real difference. It's clear that people are willing to dedicate time and effort when it comes to their wellbeing. However, this determination doesn't seem to extend to how people interact with the health service. Over half (57%) of respondents said they felt discouraged from being screened for an illness. One in five (21%) even admitted they would be likely to miss this due to the time taken to get an appointment.



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Most worryingly, many respondents also claimed they would rather wait until their symptoms had become unbearable before they booked a hospital appointment.

This reluctance isn't representative across all groups surveyed, however. Older participants (aged 55 and over) said they wouldn't let anything stop them getting screened for an illness. The situation was reversed when it came to the young. Under a third (27%) of 18-34-year-olds said they would prioritise their health above all other concerns.

It's positive that those most at risk – the elderly – are also the most conscientious when it comes to their health.

What's important now is ensuring they have the easily accessible and local screening facilities to meet their needs.

When someone has contracted a life-threatening illness or condition, time is precious. Early screening is vital to ensuring the problem is identified, treated and resolved before real damage is done. The earlier the diagnosis, the much more likely the patient is to survive and recover.

Early diagnosis is especially important in cancer treatment. Once cancer cells are discovered, treatment can begin in earnest and steps taken to prevent the cancer from spreading to other parts of the body. Yet in many cases, the condition is identified too late. For prostate cancer, for example, there is an extremely high one year survival rate (100%) whether it is detected in stages 1,2, or 3, falling to 87.6% if detected in stage 4<sup>6</sup>. Over a quarter of women (27%) suffering from ovarian cancer are diagnosed at A&E, and one in five women diagnosed are already too sick for curative treatment<sup>7</sup>.

To improve overall health outcomes, addressing the widespread reluctance to seek medical help must be our top priority. The question is, what is holding people back from taking time out of their busy schedules to wait for a potentially crucial screening or appointment?

We often feel anxious in the unfamiliar surroundings of a hospital, or nervous when we are about to receive a painful or uncomfortable treatment. Anecdotally, many of us are familiar with the dreaded 'white coat syndrome', where heightened blood pressure and nervousness can impact health readings and test results. However, is fear really what is keeping people away from the hospital?

**Our research shows that fear isn't the decisive factor. The majority (61%) of respondents did not mind the atmosphere of the hospital in general.**

<sup>6</sup> Bmj, Cancer survival data emphasise importance of early diagnosis, January 2019

<sup>7</sup> Target Ovarian cancer, Data briefing on ovarian cancer, December 2018



Furthermore, only 14% of people said they feared the process of medical treatment and 20% were made anxious by waiting for their screening results.



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Far more significant to respondents was the inconvenience of hospital visits and the frustrations of waiting for an appointment.

Our research found that 60% of respondents are frustrated at having to wait for a medical appointment, either at hospital or with their GP. Indeed, recent figures show average waiting times for GPs are around two weeks, though this can differ significantly from region to region<sup>8</sup>. Over half (55%) feel frustrated by long waiting queues and a similar proportion (52%) feel frustrated at having to wait for medical treatment.

When people are already reluctant to go to hospital, they are not helped by repeated delays and excessive waiting times. A long waiting list is no excuse and it's certainly more than just frustrating for patients. A delay in diagnosing an illness gives the disease the time to progress further, causing danger and significant anxiety in the interim.

One of the main causes of these delays is that secondary care is straining under the weight of dealing with multiple points in the patient pathway. Patients are often referred to a hospital for diagnosis long before the resources for treatment are available due to ever-increasing waiting lists. Finding a way to relocate some of the initial treatment and diagnostic capacity away from hospitals is needed to help ease this burden.

<sup>8</sup> Pulse, Average GP waiting times exceed two weeks for first time ever, August 2019

# More accessible care

## Building a patient-first approach with community diagnostics.

There is a silver lining in the participants' responses. Where there are inbuilt fears surrounding the hospital experience, they are often very difficult to address and resolve. Patients are individuals, so it's difficult to find a collective response that will assuage the fears of all. By contrast, we can do something to cut waiting times and improve the overall quality of service for everyone.

Almost half (42%) said having easier access to appointments would make them more likely to get screened. Nearly a quarter (24%) also said they would be more likely to get an appointment if medical centres were closer to their homes and workplaces.



42% said having easier access to appointments would make them more likely to get screened.



24% said they would be more likely to get an appointment if medical centres were closer to their homes and workplaces.

Clearly, people are hungry for more convenient, lower hassle alternatives to relying on the centralised health service. The early success of DIY cervical smear tests shows there is a desire to engage in treatment without needing to go to a hospital<sup>9</sup>.

If patients are struggling to find the time to go to the hospital, then we have an imperative to make it more accessible to them. This is fertile ground for community diagnostics. The principle behind this is to support existing health infrastructure with smaller, more localised centres of expertise and equipment, giving communities more choice and convenience when they need medical help.

While complex conditions often need to be treated on-site, a hospital appointment may not always be the best option. For many patients, attending a diagnostics centre in the community is more convenient and pleasant. If their local trust or health board is at capacity, it also means the patient can be diagnosed without delay while simultaneously taking the pressure off the system. With demand for CT and MRI scanning increasing by 10% and 12% respectively each year<sup>10</sup>, community diagnostics isn't just beneficial; it's a necessity.

**Community diagnostics centres can exist as part of an urgent treatment centre, GP Hub or as a standalone, cross-sectional imaging centre at the heart of the community. They offer a wide range of diagnostic services – from X-rays to CT scans and minor surgical procedures – with capacity to operate 12 hours a day, seven days a week while allowing easy access for patients.**

<sup>9</sup> BBC News, Cervical screening: DIY alternative to smear test 'promising', November 2019

<sup>10</sup> The Royal College of Radiologists, Clinical radiology: UK workforce census 2017 report, September 2018



10% increase in demand for CT scanning each year.



12% increase in demand for MRI scanning each year.

Yet the impact of community diagnostics isn't just positive in theory, it's popular with people. Enthusiasm for community diagnostic services is strong, with seven in ten participants saying they are likely to use these services. For those working in the care and educational sectors, the total rises to 80%.

However, there is a perception gap to overcome. Almost three-quarters (74%) of participants either were not aware of local diagnostics centres in their community or believed they didn't exist. Only a quarter (25%) said these community diagnostics centres were accessible, while 26% stated they were unavailable. Those living in the East of England were the most aware, with 33% confirming they had access to these local services.

There is clearly a disconnect between the range of services available for healthcare diagnostics within a community and the social awareness of them. There are at least 100 Urgent Care Centres operational across England with plans to expand this figure even further, and this is just one example of a centre in the community outside of a GP or hospital. NHS England has acknowledged this disconnect stating "the range of alternatives available can be confusing – Walk in Centres, Urgent Care Centres, Minor Injury Units and others with local names and all with differing levels of service. So A&E is understandably the default choice for many people unsure where to turn when they need urgent care or advice."<sup>11</sup>

<sup>11</sup> NHS England, Urgent treatment centres, December 2019



74% of participants either were not aware of local diagnostics centres in their community or believed they didn't exist.



33% in the East of England confirming they had access to these services.



70% likely/very likely to use community diagnostics vs GP.

**The NHS Five Year Forward View<sup>12</sup> includes a commitment to roll out community diagnostics centres across the country. The intention is to deliver faster, earlier diagnostics alongside an improved patient experience across the continuum of care. However, the health service’s vision seems to have failed to fully deliver.**

The deployment of local centres is crucial, but these efforts need to be promoted in order to have an appreciable impact. It’s not a case of ‘build it, and they will come’: deployments need to be supported by generating awareness, something local hospitals and doctors can recommend to their patients.

The benefit of community diagnostics isn’t only to increase capacity and ease frustrations around waiting times. Local centres improve health outcomes by encouraging more people to get screened due to greater convenience and a more patient-centric experience. Conditions are diagnosed earlier, often before they can do real harm, meaning both life and the quality of life are extended.



**3 in 10** women take up all cancer screening invitations.

Currently, only three in ten women take up all cancer screening invitations<sup>13</sup>. The wider, more local availability of screening facilities could change that.

## The patient’s journey



Anthony smoked for 30 years before breaking the habit. However, he has recently been invited to take part in an early detection lung cancer screening programme at his local community diagnostics centre. To his surprise, he is seen within a week.

The centre is close to where Anthony lives and has been well-equipped, offering a wide range of diagnostic tests. It is already reducing pressure on local hospitals and supports a ‘straight to diagnostic test’ approach in patient pathways.

Anthony attends an appointment at the new centre and is given a low dose computed tomography scan. The scan is analysed by a specialist radiologist within 48 hours and Anthony receives a diagnosis of stage one lung cancer.

Lung cancer kills more people in the UK than any other form, with a survival rate of only 5% for 10 or more years<sup>14</sup>. However, thanks to his early diagnosis, Anthony receives the treatment he needs and starts down the road to recovery.

<sup>12</sup> NHS England, Five Year Forward View, October 2014

<sup>13</sup> Journal of Medical Screening, Cancer screening: only a third of women in England take up all offers, September 2019

<sup>14</sup> Cancer Research UK, Lung cancer survival statistics

# Conclusion

The NHS is facing a crisis in patient care. Growing demand and tightening resources have sent waiting times surging and have impacted the patient experience. Across all trusts and health boards, the amount of time it takes to be diagnosed and treated has become the chief frustration for patients.

However, excessive waiting times aren't just spoiling patient experiences, more seriously they're putting people off engaging in the first place. As a result, potentially life-threatening illnesses are flying under the radar, going undiagnosed only to be discovered once it's already too late. In any patient-first health service, a single preventable death simply isn't good enough.

**It's time for a new approach. There should be a stronger commitment to provide local, community-centric facilities.**

It is widely accepted that technology can add to the efficiency and precision of current healthcare systems. Giving the community wider access to technology, including robotic X-ray machines and radiography systems, will transform the patient experience and outcomes for all. The purpose isn't to replace the role of the hospital in diagnosis, but to augment it and start more people down a positive pathway of care.

By adding to currently available screening facilities and bringing them into the community, administrators can relieve the pressure hospitals are under, while giving patients access to rapid diagnostics and allowing for earlier access to more accurate treatment.

These community diagnostics centres are popular, with people admitting they would be more likely to make and attend appointments if healthcare resource was deployed closer to them. However, NHS agencies will need to work to raise awareness around each new deployment to ensure their potential is realised. Of course, individual trusts shouldn't have to go it alone.

**The reality is that the health community needs to collaborate if we are to deliver accessible and highly efficient healthcare that leverages both established and new care models.**

Any solution must be flexible in format – while traditional build might work for one trust or health board, rapid deployment modular or mobile facilities may work better elsewhere. Crucially, community diagnostic facilities must also be cost-effective, and available through funding solutions that are suited to each trust or location. Working with a trusted partner can help you make these decisions and chart the best course for your hospital and your patients.

At Siemens Healthineers, our purpose is to enable healthcare providers worldwide to increase value by empowering them on their journey towards expanding precision medicine, transforming care delivery, improving patient experience and digitalising healthcare.

An estimated five million patients worldwide benefit from our innovative technologies and services every day. This includes the areas of diagnostic and therapeutic imaging, laboratory diagnostics and molecular medicine as well as digital health and enterprise services. We're a leading medical technology company with over 120 years of experience and 18,500 patents globally. With about 50,000 dedicated colleagues in over 70 countries, we'll continue to innovate and shape the future of healthcare.

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Siemens Healthineers  
Sir William Siemens Square  
Frimley  
Camberley  
Surrey, GU16 8QD  
United Kingdom  
[healthcare.siemens.co.uk](http://healthcare.siemens.co.uk)