



## Minutes

All Party Parliamentary Group for Diagnostics: Inaugural meeting

Wednesday 8<sup>th</sup> February, 10:00-11:00, Room T, Portcullis House

Chaired by Maggie Throup MP

### Attendees

*Apologies: Tim Farron MP, Elliot Colborn MP, Dr Katharine Halliday (RCR President)*

Maggie Throup MP	Ian Gutteridge	Professor Mike Osborn - RCPATH
Rt Hon Lord Bethell	George Smith	Sarah Coupland – RCPATH
Rt Hon Sir Oliver Heald KC MP	Hannah Drew – RCR	Alice Hilborn – Cancer Research UK
Mary Robinson MP	Rose Gray – RCR	Corrie Drumm – Bowel Cancer UK
Jim Shannon MP	Janine Aldridge – RCPATH	Dan Wells - IBMS
Grahame Morris MP	Diane Gaston – RCPATH	

### Agenda

1. Official business
2. Introductions
3. Outlining the need for an APPG for Diagnostics
4. Discuss key priorities for the diagnostic sector
5. Next steps

### Minutes

#### 1. *Official business*

The meeting was immediately quorate, so official business regarding the election members of the APPG was promptly initiated.

Maggie Throup MP asked for nominations for Chair. Mary Robinson MP proposed Maggie and Jim Shannon MP seconded. Maggie Throup MP was confirmed as Chair.

Lord Bethell, Sir Oliver Heald MP, Mary Robinson MP, Jim Shannon MP, Grahame Morris MP, Tim Farron MP, and Elliot Colborn MP were proposed, seconded and confirmed as Vice Chairs.

#### 2. *Introductions*

Everyone in the room introduced themselves and stated the reason why they were getting involved in the APPG.

#### 3. *Outlining the need for an APPG for Diagnostics*

Via a pre-recorded video, Dr Katharine Halliday, President of the RCR and practicing paediatric radiologist, explained: what clinical and interventional radiologists did; how they



were vital to the NHS and patient flow in a hospital; and thanked the APPG officers for getting involved.

Rose Gray, Head of External Affairs at the RCR, added to Kath's speech by highlighting the fact that the diagnostic workforce is often 'hidden' yet they enable early diagnoses (ED) to be made which bring immense benefits to patients.

Barriers to efficiency and ED include workforce shortages and insufficient equipment and IT. Rose said that the NHS must get these basics right before any innovations could be implemented, and the economic case for investment was strong. She hoped that the APPG would address these barriers.

Professor Mike Osborn covered the same topics for the pathology specialties. He said that radiology and pathology do not work in isolation and that smart initiatives can reduce workload for each specialty, such as intelligent liver testing (pathology) which reduces the necessity for ultrasound scans (radiology).

He highlighted the fact that 40% of the workforce were due to retire and explained how losing one specialist in a region to retirement could mean that the region wouldn't have access to that specialty service.

Mike expanded on innovations due to revolutionise diagnostic services, including greater genomic testing leading to personalised care, and AI. He said the UK was leading in these areas and that the NHS uniquely provided immense amounts of data to be utilised to advance these innovations further.

#### 4. *Discussion: key priorities for the diagnostic sector*

[Note all MPs bar Maggie and Lord Bethell departed for another appointment throughout this session]

Alice, Policy Officer at CRUK, echoed the concerns Rose and Mike shared around workforce and equipment including IT.

Corrie, Policy and Campaigns Manager at Bowel Cancer UK, asked the Chair whether endoscopy services would be included in the APPG's scope – it was confirmed that they would be.

Bowel Cancer UK were revealed as the secretariat for the APPG for Bowel Cancer, which is chaired by Rebecca Long-Bailey MP, and opportunities to collaborate were briefly discussed.

Corrie then spoke about the potential of innovations such as pill cam, which reduces referral rates by a third, but reiterated concerns over workforce shortages and poor IT infrastructure.

The Chair stated that she hopes the APPG will focus on how to make the most of technology.

Dan Wells, CEO of IBMS, said that a priority must be ensuring patient have access to diagnostics earlier in their pathway and that they were given the right test at the right time.

Lord Bethell commented on the potential of expanded home testing and said that the population want more agency. A short debate was had between Dan, Lord Bethell Maggie, and Mike as to whether asymptomatic testing at home or targeted testing based on risk factors should be prioritised; it was agreed that there was a place for both, as with HIV testing.

Lord Bethell stated that he wanted breast and bowel screening to be a priority for the APPG as these services were in crisis. He suggested that the APPG look at screening decision making and invite Mike Richards to give evidence. This idea was not agreed upon, as there were bigger priorities to address in the delivery of services right now such as growing capacity and workforce shortfalls.

The second priority he suggested the APPG focus on was community diagnostic centres (CDCs) since implementation was behind the curve and too many were in hospitals and



carparks rather than in community settings. Maggie agreed that now was the time to define what CDCs should look like, while they were still being rolled out.

#### 5. *Next steps*

Maggie suggested two inquiries on screening and CDCs should be run in parallel, along with a newsletter. The idea of holding an event in the Atlee/ Thatcher Room where diagnostic tests were available for MPs to use was discussed, as well as utilising the inflatable bowel and recruiting a celebrity to champion diagnostics.

Rose warned that the RCR and RCPATH were two very small charities so did not have capacity to do this. CDCs was agreed upon as the priority - the APPG agreed to meet quarterly, with the next meeting focusing on this topic.

As opposed to a full inquiry, Rose suggested an alternative, lower capacity activity such as inviting industry leaders to a roundtable and producing a briefing. She said that ideally the APPG would look at mirroring where we are in the CDC roll out, where we could be, and what the enablers are to get there.

No conclusions were made, and it was agreed that the secretariat would produce a term of reference and activity plan for the APPG members to agree on.

In the meantime, the secretariat would send questions for short debate in the House of Lords, titles for a House of Commons debate, and PQs to be tabled across both houses.

Lord Bethell emphasised the importance of engaging MPs and Peers on diagnostics through their interests and offered to share a spreadsheet of MP and Peer special interests.

Maggie closed the meeting by thanking everyone for their time and reiterated her desire to work together to raise the profile of diagnostics.