Introduction

This is a submission from the Institute of Biomedical Science (IBMS), the world-leading professional body in biomedical science. The IBMS represents the interests of biomedical science professionals in the UK and internationally. Our mission is to support, progress and promote our members’ careers and their professions and to ensure recognition for the important role that biomedical science plays in society.

IBMS Company Members include multi-national diagnostics companies and national institutions. The majority of members work in healthcare laboratories, but also in government agencies, the commercial and industrial biomedical science sectors, research and development, and academia. Biomedical scientists contribute extensively to health and care in the UK, working to identify, research, monitor and treat diseases across the broadest areas of modern science, focusing on the complexity of the human body.

Background

We welcome this timely inquiry into prevention in health and social care by the Committee, which will play an integral part in improving patient outcomes and meeting wider government ambitions to tackle the elective care backlog. Diagnostics, and the expansion of diagnostic capacity across the NHS, is crucial to preventative (not just reactive) healthcare and should be explored in greater detail in this inquiry.

Despite widespread appreciation for their importance to positive clinical outcomes – particularly during the Covid-19 pandemic – diagnostic services remain routinely underfunded and underutilised. It is critical that this inquiry recognises the role of early and systematic use of diagnostics in the prevention of diseases and conditions such as cancer, stroke, and diabetes that have increasingly accompanied an ageing population and lifestyle changes.

Unlocking a diagnostics revolution

There are several primary reasons why the Committee should consider diagnostics as part of its inquiry and why the Government needs to take urgent action in this area. First, diagnostics play a critical role in enhancing healthcare outcomes with earlier and faster diagnosis, guiding patients to the right treatment pathways before they develop symptoms for serious conditions that may require more complex interventions. The cancer antigen 125 (CA 125) blood test, for instance, offered earlier and when non-specific symptoms arise, can identify individuals that may benefit from investigation for early-stage
Ovarian cancer and has the potential to be lifesaving for thousands of women. This is just one example of many tests that can be used to prevent and identify disease sooner for a healthier population.

Second, better use of diagnostics will deliver significant downstream savings and capacity improvements. Through early identification and more services based on primary care, an improved diagnostic policy could free up limited NHS resources and help maximise restricted funding at a time of unprecedented pressure. In other words, the early identification of diseases and conditions averts the escalating costs of treatment at a later stage. While capacity to escalate laboratory testing is available, its potential has not yet been realised. For instance, the use of novel diagnostic tools – through testing carried out in the community – should be explored in greater detail as it has the potential to relieve hospitals and other primary care settings of additional pressures.

Third, having connected systems, using standardised data and linking all diagnostic information into the patient record will support and create an understanding of disease, prevalence and the effect of prevention initiatives on an individual and population level. Better use of diagnostic data across health systems also enables targeted support for individuals and communities. For example, supporting a person to remain and be cared for in their home using live diagnostic data, or using prevalence data from diagnostic results to identify communities where additional support can improve the health and wellbeing of the community.

Finally, enhancing diagnostic testing improves people’s access to healthcare helping to improve productivity in the wider economy. Prioritising access to healthcare in the community through the expansion of diagnostic testing will reduce the amount of time patients spend in hospital settings, thereby reducing the costs to businesses through lost time at work whilst keeping them in the workforce for longer. Moreover, with concerns about the rising number of older workers leaving the labour market over ill health dominating the policy agenda since the Covid-19 pandemic, it is more important than ever that health leaders pay greater attention to the health and well-being of older and more experienced workers.

**Conclusion**

Above all, the Committee should look at the role of diagnostics in prevention to expand our evidence base, which is underdeveloped and frequently overlooked. This would help save lives whilst delivering significant cost and efficiency savings to the NHS and a more efficient and healthy society.