Pathway redesign playbook

Leveraging diagnostics to drive elective transformation

Elective recovery remains one of the NHS's biggest challenges. While much attention has focused on increasing treatment capacity, the greatest opportunity to improve performance often lies earlier in the pathway.

Most patients on elective pathways are awaiting diagnosis, investigation or clinical decision-making rather than treatment itself.

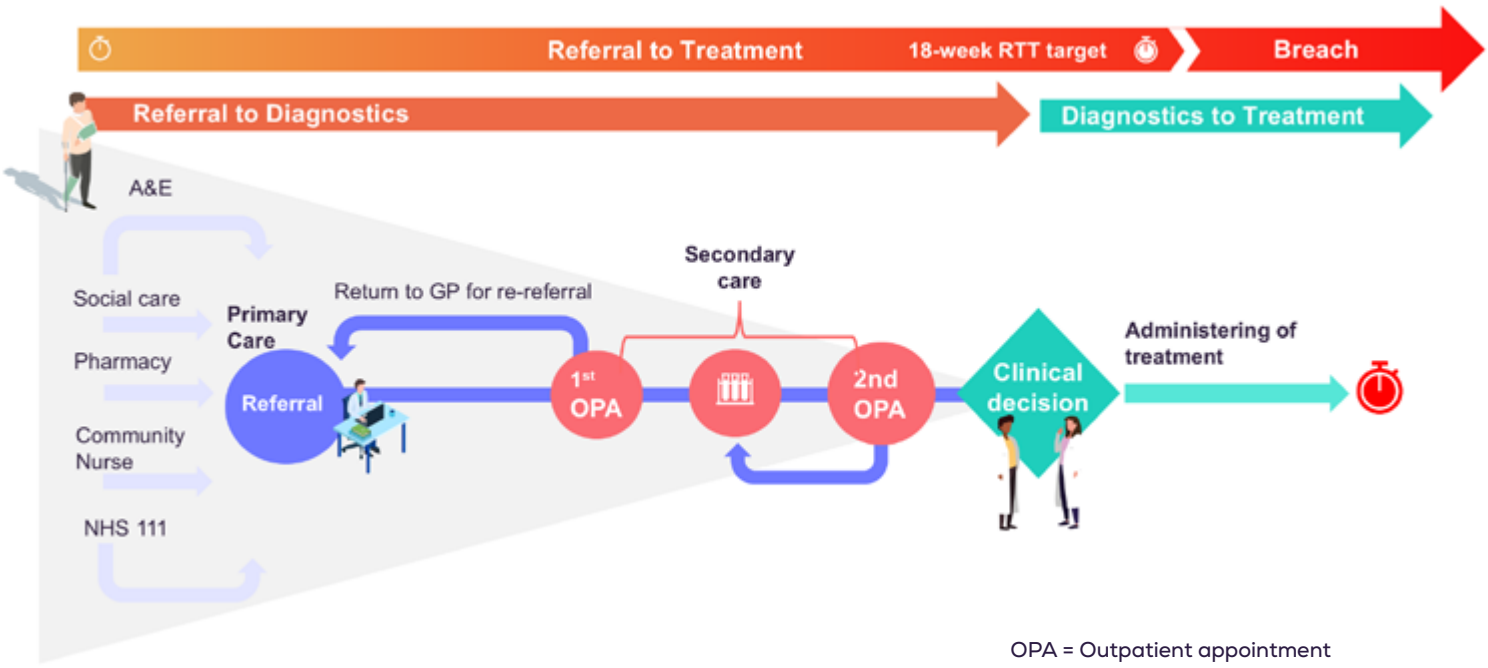
Many outpatient pathways still follow a traditional model in which patients are referred, attend an outpatient appointment, undergo diagnostics and then return for a further review before a decision can be made. In many cases, the first appointment primarily serves to request investigations that could have been initiated earlier.

Advances in diagnostics, digital technology and clinical collaboration mean this model is no longer necessary. Information can now move faster than patients, creating opportunities to reduce delays, accelerate diagnosis and improve patient flow.

The organisations making the greatest gains are redesigning services around clinical decisions rather than appointments.

Feedback Medical

The traditional outpatient model: breaching targets



OPA = Outpatient appointment

The opportunity

As healthcare becomes increasingly dependent on diagnostic evidence, access to the right test at the right time is often the key determinant of pathway flow.

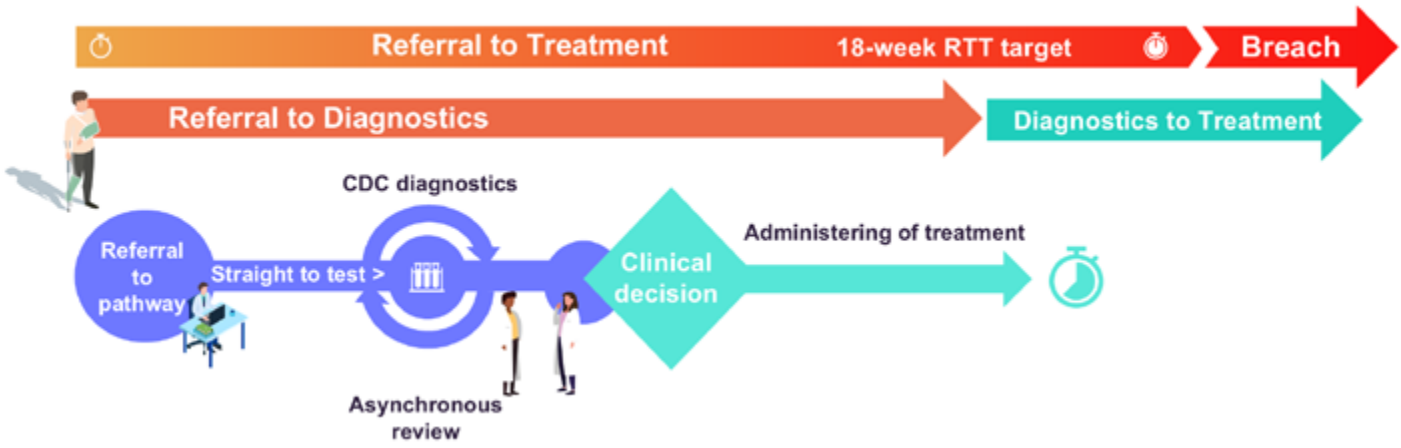
At the same time, growing clinical complexity means many patients require input from multiple specialties. Traditional pathways frequently create delays through repeated assessments, sequential referrals and unnecessary appointments.

By obtaining diagnostic information earlier and supporting more efficient clinical decision-making, organisations can:

- Reduce time to diagnosis.
- Improve referral to treatment (RTT) performance.
- Increase productivity.
- Release clinical capacity.
- Improve patient experience.
- Reduce unnecessary outpatient activity.

The goal is straightforward: **accelerate the journey from referral to diagnosis.**

A digital diagnostics-first model: faster time to diagnosis



Four principles of pathway redesign

Successful pathway redesign should be built around four core principles:

1. **Design for faster decisions** – Focus on achieving the earliest safe clinical decision.
2. **Deliver diagnostics earlier** – Bring testing and information gathering forward within the pathway.
3. **Remove unnecessary touchpoints** – Every patient and clinician interaction should add measurable value.
4. **Digitally enable the entire pathway** – Only digital pathways can enable coordinated referrals, diagnostics, collaboration, communication and decision-making at the scale required to transform productivity.

These principles should be implemented in accordance with national outpatient transformation standards and guidance.

The central principle of this playbook is simple: **design pathways around the decisions that need to be made, not the appointments traditionally used to reach them.**

1. Design for faster decisions

Patients need answers, diagnoses and treatment plans, not appointments for their own sake. Pathway redesign should begin by asking:

- What decision needs to be made?
- What diagnostics or patient information is required?
- How can that information be obtained more quickly?

Designing around decisions rather than activity helps eliminate unnecessary steps and focuses resources on activities that advance patient care.

Key message: **Measure success by time to diagnosis, not the number of appointments delivered.**

2. Start with the diagnostic end state

Rather than deciding which clinician or specialty sees a patient first, pathways should start with the information required to reach a diagnosis or treatment decision. Working backwards from the desired diagnostic outcome can help organisations:

- Standardise pathways.
- Reduce variation.
- Introduce straight-to-test models.
- Improve triage.
- Avoid unnecessary referrals.

Key message: **Define the information you need first, then design the most efficient route to obtaining it.**

3. Adopt a diagnostics-first approach

In many pathways, appointments continue to gate access to diagnostics. This creates delays before meaningful progress can occur. Diagnostics-first pathways reverse this logic by bringing investigations to the front of the pathway, enabling clinicians to make decisions sooner.

Benefits include:

- Faster diagnosis.
- Earlier treatment decisions.
- Reduced pathway length.
- Fewer appointments.
- Better use of clinical time.

Key message: **Diagnostics should gate access to appointments, not appointments gate access to diagnostics.**

4. Digitally enable the entire pathway

True transformation requires more than digitising isolated tasks. It requires connected workflows that support:

- Referrals.
- Information gathering.
- Diagnostics.
- Clinical review.
- Collaboration.
- Decision-making.

Digitally enabled pathways allow information to move seamlessly between professionals, reducing administrative burden and enabling faster decisions.

Key message: The purpose of digital transformation is to create more time for clinicians and better outcomes for patients.

Case studies from Queen Victoria Hospital NHS Foundation Trust

Breathlessness pathway

QVH redesigned its breathlessness pathway around earlier diagnostics and digital multi-disciplinary review rather than traditional outpatient appointments.

Results:

- **Average active pathway length of 5 weeks.**
- **Longest pathway length of 12 weeks (including triage, bundled respiratory diagnostics, respiratory clinical review, bundled cardiology diagnostics).**
- **More than 90% discharged back to GP without appointment.**

Key lesson: Focusing on timely diagnostic evidence and decision-making can dramatically improve pathway performance.

Insomnia pathway

Patients complete digital questionnaires and sleep diaries before specialist review, allowing remote assessment and earlier decision-making.

Results:

- 36% discharged with a management plan.
- 28% directed to home testing.
- 36% referred into specialist pathways.
- Access to specialist advice reduced from 20-25 weeks to as little as three weeks.

Key lesson: Digital information gathering enables faster, more consistent triage and reduces unnecessary outpatient demand.

Respiratory bundled diagnostics pathway

QVH moved multiple respiratory investigations to the beginning of the pathway, creating a comprehensive diagnostic work-up before specialist review.

Results:

- More than 1,100 bundled diagnostic appointments delivered in 2025/26.
- Earlier diagnosis and treatment planning.
- Typical waits of approximately two weeks.

Key lesson: Digital information gathering enables faster, more consistent triage and reduces unnecessary outpatient demand.

The strategic role of CDCs

Community diagnostic centres have become critical enablers of pathway transformation.

As healthcare becomes increasingly driven by diagnostic evidence, CDCs can support:

- Straight-to-test pathways.
- Earlier diagnosis.
- Clinical triage and decision-making.
- Multidisciplinary collaboration.
- Digital single point of access models.

Rather than acting solely as diagnostic providers, CDCs can play a central role in reducing delays and improving system-wide patient flow.

Looking ahead: Digital single points of access

The next phase of transformation is likely to be the development of digital single points of access (SPoAs).

Rather than directing referrals immediately into specialty-specific waiting lists, a digital SPoA coordinates information gathering, diagnostics and clinical review before a patient enters a treatment pathway.

This approach can:

- Improve pathway consistency.
- Reduce specialty-to-specialty transfers.
- Optimise capacity across systems.
- Support more patients outside traditional hospital pathways.
- Accelerate access to appropriate care.

Conclusion

The future of elective care is not about delivering more appointments, it is about reaching safe clinical decisions sooner.

The traditional outpatient model was shaped by constraints that no longer exist. Modern diagnostics, digital technology and new models of collaboration allow organisations to redesign pathways around information, expertise and decision-making rather than clinic schedules.

For CDC managers, diagnostic leads and clinical leaders, the opportunity is clear. By adopting diagnostics-first pathways, designing services around decisions and enabling end-to-end digital workflows, organisations can improve patient experience, increase productivity and create additional RTT headroom within existing resources.

Financial incentives must evolve alongside pathway redesign. To support transformation at scale, national and local funding arrangements will need to recognise the value of earlier diagnostics and digital pathways, rather than continuing to reward face-to-face appointments as the primary measure of activity

The fastest pathway is not the pathway with the most appointments. **It is the pathway that reaches a safe diagnosis and clinical decision in the shortest possible time.**

sales@fbkmed.com
feedbackmedical.com
/feedback-medical-ltd
@fbkmed
@feedbackmedical.bsky.social

Feedback Medical