

A local diagnosis:

Learning the lessons of

Community Diagnostic

Centres

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“The Royal College of Radiologists welcomes this new report from Healthwatch England and its ambition in supporting greater access to vital diagnostic tests. Community Diagnostic Centres (CDCs) are crucial in addressing the growing need for timely diagnostic services as more than 20% of patients are waiting over 6 weeks for tests.

“While CDCs have increased scanning capacity, there hasn’t been a proportional increase in reporting capacity. Urgent action is needed to expand the radiologist workforce through training and retention initiatives if CDCs are to be a continued success.”

Dr Katharine Halliday, President of The Royal College of Radiologists

“We are pleased to see this report from Healthwatch England and welcome the move to easier access to diagnostic services centred around patients that Community Diagnostic Centres potentially bring. There are real benefits to patients with quicker, easier access through a ‘one stop shop’ leading to earlier diagnoses, better outcomes for patients and lives saved. The supportive testimonies from many patients using these services tell us they are popular and are working.

“In the future, CDC effectiveness will only continue to be realised if the necessary expansion of diagnostic services develops in parallel, especially with relevance to the current pathology workforce gap.

“Investment in pathology equipment, estate and workforce will be vital to deal with backlog catch-up and the predicted increase as a result of population demographic change in future years. Increased training, better retention and radical reform will all be so important to build the necessary pathology workforce required.”

Dr Bernie Croal, President of the Royal College of Pathologists

“We welcome Healthwatch’s excellent new report on the experiences people face at NHS community diagnosis centres.

“Too often, services fail to meet the basic communication needs of deaf people and people with hearing loss. This can have enormous consequences, including patients leaving a centre unsure about what medical advice or diagnosis they have been given.

“With the imminent publication of the update to the NHS Accessible Information Standard, this new report’s recommendations should be implemented at Community Diagnostics Centres, and considered across the NHS as a whole.”

Crystal Rolfe, Director of Strategy at RNID

“This valuable report from Healthwatch identifies some clear barriers for people living with dementia in accessing Community Diagnostic Centres (CDCs) in England, while also putting forward straightforward and pragmatic recommendations for how these barriers can be addressed.

“By paying specific attention to whether these sites are dementia-friendly, and by ensuring patients have plenty of up-to-date information on CDCs in advance of attending, we can have greater confidence that they’re meeting the accessibility needs of people living with dementia.

“This is hugely important because at present, more than a third of people living with dementia in the UK don’t have a diagnosis at all.

“CDCs undoubtedly have a role to play in boosting diagnosis rates – and we also want to see bold, ambitious new dementia diagnosis rate targets to be set to drive further action on, and investment in, early and accurate diagnosis moving forward.”

Jennifer Keen, Head of Policy at Alzheimer’s Society

Summary

Key findings

- Almost everyone (93%) we spoke to told us about **good experiences** at Community Diagnostic Centres (CDCs).
- Almost a third of the general public (31%) said **getting the tests done quickly** was their top priority when choosing where to get a diagnostic test.
- Most people weren't offered a **choice of location** (78%) or **time** (61%) around their appointments – people said they would have liked a choice when the appointment given wasn't ideal for them.
- Local Healthwatch teams identified **accessibility issues** at several sites, including:
 - failing to meet people's communication needs.
 - barriers for d/Deaf people and people experiencing hearing loss.
 - issues with English language interpretation.
 - barriers for people with mobility difficulties, Autism, and dementia.
- Visiting the CDC was **convenient** for most people we spoke to – 70% arrived in less than 30 minutes, and 26% arrived in less than an hour.
- People told us about issues caused by a **lack of information** about how to get to the site.

Recommendations at a glance

- **Up-to-date and detailed information** about CDCs, such as opening times, services offered and locations, should be made available to patients and staff making referrals.
 - CDC sites should be made as **accessible as possible**, through:
 - Independent reviews of the accessibility of each site.
 - Proactive identification and response to communication and accessibility needs.
 - Local initiatives to hear from people with different accessibility needs.
 - Listing information about the accessibility of different sites online.
 - People should be able to get clear **information about travelling** to a CDC through the NHS Service Finder and in referral letters.
 - Improved signposting to **support for parking and travel costs** where applicable.
 - A **formal evaluation** of the CDC programme to assess its impact on overall diagnostic activity, workforce and capital allocation, patient safety and experience, and effects on health inequalities.
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Community Diagnostic Centres

What are Community Diagnostic Centres (CDCs)?

CDCs are places where people can go for planned (elective) diagnostic care. Patients are typically referred to a CDC by a GP or specialist for a scheduled test or scan.

Before CDCs were established, most of these tests were performed in acute hospital settings – the same place where people needing emergency tests would go.

Now, people can go to standalone CDCs, including those based in community locations like shopping centres; health centres, where CDCs are based alongside GPs and pharmacies; community hospitals; and mobile scanning units for planned diagnostic care.

At the time of publishing, 160 live CDC sites had delivered over seven million tests¹.

Demand for diagnostic tests is increasing, particularly in acute settings², while the NHS remains unable to meet existing targets³. By moving planned diagnostics to new sites, CDCs aim to relieve pressure on acute testing sites.

Why is Healthwatch interested in CDCs?

We want to support the development of a new type of service. CDCs are new, having only been established in 2021. However, the rollout has been rapid, and the programme is still in a transitional stage. At the time of publication, 55 live sites are based at temporary locations, and work at other permanent sites is ongoing.

We've identified good practices that we want to share and suggested areas for change that will help ensure CDCs deliver the best possible experiences for everyone as their rollout continues.

¹ <https://www.gov.uk/government/news/diagnostic-checks-rolled-out-to-160-sites-under-cdc-programme>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9345238/>

³ <https://www.nuffieldtrust.org.uk/resource/diagnostic-test-waiting-times>

The rollout of CDCs holds important lessons not just for diagnostic services, but also for the new government's wider ambitions to move more services out of hospitals and into community settings.

We want to fill a gap in research. Little information exists on people's experiences of diagnostic facilities in England. Recent work has focused on access to diagnostic testing and people's hopes for the future of diagnostics⁴ – but not on the details of people's actual on-site experiences.

We can capture unique types of insight. Through our local Healthwatch services, we can visit sites, allowing us to speak to people using and working at these services and seeing firsthand what visiting a CDC is like.

What we did

We asked local Healthwatch across our network⁵ to carry out site visits at CDC locations. These visits included:

- interviewing people getting diagnostic tests.
- auditing the accessibility of the sites.
- recording information about travel to the sites.
- carrying out follow-up interviews two weeks after the site visit.

18 Healthwatch teams around the country visited **22** sites carrying out diagnostic tests using funding from the CDC programme. Healthwatch teams contacted providers and CDC managers to arrange visits.

In January and February 2024, Healthwatch teams visited various sites across the country, including temporary and permanent sites, sites in different types of locations, and sites in a mix of rural and urban areas. The appendix includes details about the sites we visited.

282 people took part in interviews during the site visits, and **53** of these took part in an additional follow-up interview.

⁴ <https://www.patients-association.org.uk/Handlers/Download.ashx?IDMF=224074b2-a4cc-4b58-986c-69635ec57e3a>

⁵ Any Healthwatch covering an area with a site that was carrying out tests from December 2023 was eligible to apply for funding to carry out the work.

In March 2024, we commissioned [Yonder](#) to carry out a representative poll of 2060 people in England to understand people’s expectations and preferences about diagnostic services.

How we talk about our findings

In each section, we include findings from our different sources of data.

When we discuss findings from our **interviews**, we only use proportions, such as “90% of participants said...” to discuss responses to closed questions or to provide a high-level overview of specific topics.

When we explore themes, we discuss examples of similar responses together using phrases such as “People told us that...”. We also use direct quotes from interview participants throughout the report.

During the visits, Healthwatch spoke to as many people as possible – but only those visiting on the day who wanted to share their experience. This means that the interview data doesn’t represent all CDC users or the wider population. Instead, these findings reflect a snapshot of users’ experiences.

When we discuss findings from our **accessibility audit**, which includes data about travel to the sites, we will report them as a number or a proportion, such as “19 out of 22 sites...” or “25% of the sites we visited”. We also talk about specific sites.

When we discuss **polling findings**, we use phrases such as “In our polling...” and percentages reported as whole numbers. We also use percentages to describe differences in how contrasting groups of people responded to our poll. However, we only report statistically significant differences – meaning we can be over 95% sure that the difference we’re seeing between groups isn’t due to random chance. We use crosstabs with pairwise z-tests to check for statistical significance.

Patient experience

The feedback from people using CDCs was overwhelmingly positive – 93% of the people interviewed had **positive experiences**. When talking about their positive experiences, people often mentioned:

- supportive staff.
- the environment, such as the venue and facilities.
- efficiency of getting their test done.

We heard about the role **staff** played in ensuring good experiences. 87% of people told us about good experiences with the staff, who were often described as 'lovely' or 'friendly'.

People often compared CDCs with their experiences in acute settings when talking about the **environment**.

"It's lovely. It is light, clean and quiet. So different from a busy acute hospital with all the hustle and bustle and noise." Person visiting Taunton CDC

More than a quarter of interviewees (27%) mentioned the **speed and efficiency** of their appointment when talking about what went well. We heard about how important it was for the appointment to take as little time out of their day as possible.

"My appointment was early - magic! It was amazing, was in and out." Person visiting Whitworth CDC

We heard how shorter waits on-site reduces the stress of appointments. There's less anticipation, and the waiting room is less crowded, contributing to a more relaxed environment.

People who have regular tests or have been to a diagnostic centre multiple times told us how **returning to community locations** can improve their experiences.

One person who has scans every three months told us they prefer James Paget, their local mobile scanner – not only because it's closer to home, but also because it *"feels more personal"* than alternatives.

We also heard how personalised, local care can provide additional comfort, particularly for those needing regular scans.

“So now I see friendly faces, it’s local, I’ve gotten to know the people who work here. I actually knew some people who work here anyhow. The admin people even know me now and talk to me when I’m here. This helps to destress me when people know you. When I’m on my own, at home etc., I’m worrying sick about things.” **Person visiting Westmorland CDC**

Choice and preferences

In both our interview and polling data, more people said getting their tests done quickly was their main priority over having a choice of location – but location and speed can interact.

In our polling, we asked people what their main priority would be when choosing where to go for a diagnostic test. The top choice was getting their tests done quickly (31%), followed by getting an appointment time that works for them (23%).

Of the people we interviewed, over three-quarters (78%) were not offered a **choice of location**. When asked whether they would have liked a choice, over half (51%) of these people said yes – particularly if the CDC wasn’t their closest provider. Most of the 49% who said they didn’t need a choice highlighted they were happy with the appointment offered.

Others told us that, while they liked the diagnostic centre they were at, they would have appreciated a choice regardless.

People also told us that their CDC wasn’t the nearest location, but they preferred to be seen as fast as possible.

“Blackburn would have been quicker for me but here’s absolutely fine. It was important to me to be seen within two weeks.” **Person visiting Rossendale CDC**

Almost two-thirds (61%) of people weren’t offered a **choice of appointment times**. This was less important for people who were retired or had flexible work hours – for others, the diagnostic appointment had to work around their job.

“About an hour and a quarter. This length of journey each way, together with the time taken for the scan, means that [I lose] a day’s work as a self-employed cleaner.” **Person visiting Queen Mary’s Hospital, Roehampton**

In our interviews, we heard how people prioritised location because it meant they could more easily fit the appointment into their schedule.

Overall, people typically chose the testing site they could most quickly access, even if it wasn't offering the earliest available appointment.

We also heard how positive experiences **encouraged people to return** to the diagnostic centre for future tests, even when it wasn't initially their preference.

In our polling, people said they'd prefer to go to their GP (38%) or a hospital (22%) rather than a diagnostic centre in a community location (six per cent). However, our interview data suggests that preferences will shift over time as awareness and experience of CDCs grows.

"I wouldn't have chosen here because I didn't know it existed." Person visiting North Bedfordshire CDC

Our findings show how important it is that people know about CDCs and what they offer. People should be supported to make an informed choice about which service is right for them, whenever possible.

Our calls for change

People should be able to make an informed choice about which service will work best for them.

Right now, there isn't enough information available to the public about CDCs.

We want to see:

- Up-to-date site information available on the NHS Service Finder and the NHS App, so members of the public can work out which service works best for them (Recommendations 2.iii, 3.iii).
- Up-to-date site information available on the NHS e-Referral Service, so consultants can support people to go to the service that works best for them at the point of referral (Recommendations 2.iii, 3.iii).

Accessibility

We asked local Healthwatch to review the accessibility of the sites for people with different mobility needs, people with different communication needs, Autistic people, and people with dementia. People also spoke to us about accessibility in our interviews and polling.

Every site had made some accommodation to help people access the services they provide. We also heard about helpful staff providing flexible, personalised support.

"I have mobility issues, and [the staff] helped me, for example, opening the door and getting up and down off the bed." **Person visiting Leigh Infirmary CDC**

However, the audits also revealed areas where accessibility could be improved⁶. This includes examples of failures to meet people's communication needs. We heard about:

- passive approaches to people's communication needs.
- barriers for d/Deaf people and people experiencing hearing loss.
- issues with English language interpretation.
- barriers for people with mobility difficulties, Autism, and dementia.

Communication and information

"I'm used to explaining about my wife's communication needs. I do everything for her, sort out appointments, etc. Staff were lovely, the way they treated her and spoke to her." **Person visiting Taunton CDC**

"Staff spoke clearly as I struggle with hearing and didn't have hearing aids on." **Person visiting Withington Hospital CDC**

Apart from one person who experienced issues with language interpretation, the people we interviewed said they could communicate effectively with staff.

⁶ Healthwatch produced Enter and View reports for each of the site visits, which include more detailed findings and recommendations for how the accessibility of specific sites could be improved. Links to their reports are included in the appendix.

We also heard about supportive staff who were able to respond to patients' needs.

Accessible information

Communication needs should be flagged at the point of referral or when people are booking their appointments. Unfortunately, this doesn't always happen.

The Accessible Information Standard (AIS) states that services must proactively identify any communication needs.

However, three-quarters (75%) said no one had asked if they had any specific communication needs.

"I was not asked if I had any language or information needs at any point from booking through to appointment." Person visiting Whitworth Hospital CDC

Taunton (78%) and James Paget (53%) were the only sites where more than half of the people we asked said they'd been asked about their communication needs.

The implementation guidance for the AIS also suggests that services use posters and other methods to inform people about their rights⁷. These posters also encourage people to tell staff about their communication needs⁸.

Only two sites, Taunton and Westmorland, displayed AIS posters. Staff at a third site, Rossendale, informed Healthwatch that new posters were being printed.

Of the sites we visited, 14 didn't have any information available in **Easy Read** format. At two of these sites, Healthwatch further noted that staff were unable to advise them on how to access Easy Read materials.

Other sites actively promoted Easy Read materials in communications with patients and had hard copies on site. At Grantham, for example, master copies of Easy Read information are kept at reception in case someone needs them.

Deafness and hearing loss

For people who are d/Deaf or experiencing hearing loss, five of the sites we visited didn't have hearing loops.

As with quiet spaces, the availability of hearing loops may vary within a site. For example, Westmorland's main outpatient waiting area doesn't have a hearing

⁷ <https://www.england.nhs.uk/wp-content/uploads/2017/08/implementation-guidance.pdf>

⁸ [This report](#) from Healthwatch Cambridge and Healthwatch Peterborough shows an example of posters about the AIS.

loop, while the X-ray department reception does. At Burnley, the reception areas for Ultrasound have a hearing loop but not for Endoscopy.

In North Bedfordshire, signage directed people requiring the hearing loop to reception, but the staff didn't know how to advise people about it. Similarly, at Southlands, staff couldn't confirm whether a hearing loop was or wasn't available.

Five of the sites we visited had a fire alarm system that uses only sound, not lights.

At 19 of the sites we visited, people waiting were called in by name without information appearing on a screen. At North Bedfordshire, the waiting area had both a call screen and a touch sign-in screen, but these were used only by the GP surgery located in the same building.

Spoken language interpreters

Through the site visits, only one person said they were unable to communicate effectively with staff. This person doesn't speak English and relies on their wife to interpret. However, the person carrying out the echocardiography said that interpretation wasn't required.

"The consultant said, 'It's only a scan, no interpreter needed' and shut the door on my interpreter. They could have let my wife in, or been more polite when saying no. [The] interpreting could have been explained better - but that was maybe the hospital consultant thought my wife would be allowed to interpret like she does at other appointments. While [I] was used to having these tests regularly, it would have been easier to have her there to understand some of the requests for positioning that the doctor had made." **Person visiting North Bedfordshire CDC, interpreted by his wife**

This isolated incident highlights the impact that confusion about interpreting procedures can have on people's experiences.

At 12 sites, Healthwatch noted that no information was on display about what to do if you needed a spoken language interpreter. At one site, Healthwatch further found that they couldn't find this information online.

We also heard how vital written information is to people who don't speak English and rely on family members to interpret.

"It was verbal this time - but I would prefer if they [had] a system where written info would be given as it will be useful for someone like my dad, who won't understand anything on his own." **Person helping their dad visit Ealing Hospital CDC**

On-site accessibility

In our polling, people with a disability or long-term health condition were significantly more likely to rate *going to a location that's easy to get to* (22% vs 18%) and *the accessibility of the site* (five per cent vs two per cent) as their top priority when choosing where to get a diagnostic test.

All sites accommodated people using **wheelchairs or mobility scooters** through ramps, lifts, and gurneys.

However, the MRI machines at the Westmorland⁹ and North Bedfordshire sites were unsuitable for people who couldn't weight-bear to transition from the gurney to a non-magnetic wheelchair or walk to the scanner.

At Halton and Preston, manual doors presented issues for people using a wheelchair or mobility scooter.

"They could do with having doors in the corridor that open automatically. As I'm using a mobility scooter, I had to rely on people to open the doors for me. I'm guessing it'd be even harder for someone in a wheelchair." Person visiting Halton Health Hub

When visiting sites at Preston and Leicester, local Healthwatch couldn't locate a functional assistance bell.

At seven sites, local Healthwatch identified issues that could be a barrier for **people with dementia**, including:

- issues with the flooring, such as no contrasting colours between the floor and stairs.
- lack of contrasting colours between toilets, toilet seats, and the walls.
- no dementia-friendly signage.

For **Autistic people**, 14 sites had either dedicated quiet spaces or spaces that could be used for this purpose if requested. Healthwatch Leicester noted clear signs around a site indicating they were Autism-friendly.

⁹ Westmorland is a temporary site, and Healthwatch Westmorland and Furness were told that the planned MRI machine at the permanent site would be fully accessible.

“Our volunteer with autism attended the audit at the hospital. He described feeling relaxed and calm within the CDC waiting area. He felt that the waiting area was well spaced out with a good range of seating. He did not feel anxious or crowded.”

Volunteer feedback via Healthwatch Derbyshire

The availability of **quiet spaces** may not be part of the CDC itself, but a feature of the wider site. For example, Runcorn Shopping City, which hosts Halton Health Hub, has a dedicated quiet space, that people visiting the Hub can use.

Where CDC services are split between departments on a site, departments may not have their own dedicated quiet space. For example, at Westmorland, Phlebotomy has a dedicated quiet space, but the main outpatient waiting area, where people wait for an MRI scan, does not.

At Eltham, Healthwatch Greenwich noted that the ongoing building work to finalise the CDC has created a visually overwhelming and noisy environment, which would be difficult both for people with dementia and Autistic people.

Our calls for change

We want to ensure that CDCs work for everyone in the communities they serve and that anyone can access the services and experiences they offer.

NHS England has an Experience-Based Design programme designed to continually improve CDCs based on people’s feedback. This offers an opportunity to ensure that CDCs are as accessible as possible.

We want to see:

- Targeted engagement with people with different accessibility needs through the Experience-Based Design programme. This will ensure their voices are amplified within the feedback being captured (Recommendation 1.ii).
- An independent review of each CDC’s accessibility, carried out by local people and/or organisations (Recommendation 2.i).
- CDCs adopting a proactive approach in identifying and responding to accessibility and communication needs (Recommendation 2.ii).
- Information about site accessibility to be available via the NHS Service Finder (Recommendations 2.iii and 3.i).

Getting to your appointment

Most people we spoke to emphasised how **convenient** it was to travel to the CDC:

- 66% reported no issues with their journey to the site.
- 63% told us how convenient the location was.
- 70% said they arrived at the site in less than 30 minutes, with 26% arriving in between 30 minutes and an hour.

“In the future [I] would be more than happy to come to this place in Grantham. It is so convenient in the local area and so much less stressful than trying to get across the county to one of the other hospitals.” **Person visiting Grantham CDC**

When asked about any difficulties they experienced with their journey or whether anything about their journey could have been improved, people told us about:

- issues with parking, including accessible parking.
- a lack of signage.
- not having directions beforehand.
- poor public transport links.
- preferring closer or more convenient locations.

Parking and drop-off points

Accessible parking

In our polling, people with disabilities or long-term health conditions were significantly less likely to say they would drive themselves to an appointment than people without disabilities or long-term health conditions (37% vs. 48%), although it was still the most popular means of transport.

Most of the sites we visited had adequate **Blue Badge parking**. However, Healthwatch raised concerns about five of the sites.

The sites at Grantham and Bexhill didn't have marked Blue Badge parking spaces. Healthwatch East Sussex recently heard from one resident with mobility issues, who had to walk the length of Bexhill CDC's car park due to the lack of accessible parking bays.

Local Healthwatch also noted the limited number of accessible parking spaces at Eltham, Corby and Hinckley sites. At the site in Corby, one of only three dedicated accessible parking bays was occupied by the site's mobile MRI scanner.

We also heard from people who planned their journeys around accessible parking.

"We came early to make sure we could get a parking space, as there are only two disabled parking bays." **Person visiting Eltham Community Hospital CDC**

Finding a space

The **availability of parking** varied across the sites we visited. We heard from people who had difficulties parking and the negative impact this had on their experience of the service.

"Parking was horrendous, I could not get a parking space - I had to park on the grass, I am concerned for patients who are less able and the stress this must cause." **Person visiting Ilkeston CDC**

People told us about long parking waits, having to park further away from the site, and choosing alternative transport methods to avoid parking issues.

Broader parking issues can also affect the **site's accessibility**, particularly when busier services share the location. At three sites, local Healthwatch observed parking that restricted access for people using wheelchairs, walkers, mobility scooters or prams. At Corby, Healthwatch Northamptonshire observed several cars parking on pavements, which appeared to be from people visiting the Urgent Care Centre and GP Surgery.

However, we also heard positive experiences about people finding it **easy to park**, particularly compared to other sites they have visited.

“We were giving the choice of going to the Queen Elizabeth Hospital or to the Eltham Community Hospital. We chose the latter as it is more convenient for us and we can park close to the building.” **Person visiting Eltham CDC**

Parking charges

The **cost of parking** varied across the sites we visited. Our past research shows that the cost of parking and travelling to appointments means that around four per cent of the population avoid getting the care they need¹⁰.

All seven community sites¹¹ and four of six community hospital sites offered **free parking**, while all but one acute site charged for parking. This finding mirrors data from the Estates Returns Information Collection, which shows that acute sites are more likely to charge for parking¹².

During the interviews, we heard about the importance of free parking.

“Not paying for parking – I’ve avoided Preston Hospital due to the parking charges. I just can’t afford it. It’s not my fault I am poorly.” **Person visiting Preston Healthport**

We also heard positive stories about support with the cost of parking.

“The staff have even got me a parking permit, so I don’t have to worry about the cost of parking each week.” **Person visiting Westmorland CDC**

Getting dropped off

In our polling, people with a disability or long-term health condition were significantly more likely to say they would rely on a lift from a family member or friend than people without a disability or long-term condition (24% vs 13%).

Most sites have designated drop-off points for people relying on lifts or taxis. Three sites only had informal, unmarked drop-off points, which may cause issues during busier times or for people less familiar with the location.

People with a disability or long-term health condition were also significantly more likely to say they would use a **patient transport service** (four per cent vs one per cent).

¹⁰ <https://www.healthwatch.co.uk/blog/2024-03-18/cost-living-remains-barrier-health-most-vulnerable>

¹¹ See the table ‘Site Locations’ in the appendix for further details.

¹² <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2022-23>; <https://researchbriefings.files.parliament.uk/documents/CBP-8912/CBP-8912.pdf>

Patient transport service availability varies across England. Most of the sites we visited can be accessed by patient transport services, but it was unavailable for the sites at Hinckley, Corby, and North Bedfordshire.

Healthwatch Milton Keynes spoke to South Central Ambulance Service NHS Foundation Trust (SCAS) about access to services in the local area after someone contacted them about difficulties arranging travel to the CDC.

SCAS explained they would provide travel to non-hospital sites, including their local CDC, if the person booking confirms it is for an outpatient appointment. After speaking with Healthwatch, SCAS sent a clarification to their call handlers to ensure people visiting the CDC can access the service.

Going the right way

The **quality of signage**, both from the road networks and to support navigation when on-site, varied between sites.

“Better signage from the main road and better signage to the car parks. There are three car parks, but it isn’t clear which one can be used and if there is just one for staff and patients.” **Person visiting Preston Healthport**

Healthwatch raised concerns about the signage at eight sites, including limited signage for CDCs, particularly at new and temporary locations.

In our interviews, people shared their frustrations about poor signage. At Southlands, for example, every person asked said the signage needed to be improved. People also requested more information, including maps, within appointment letters.

Confusion about where to go can burden other services. When people found it difficult to find their way, they often turned to the receptions of nearby or co-located services.

“It was easy to find, signposted, and a map was provided.” **Person visiting James Paget**

At other sites, such as James Paget and Taunton, people told us about how easy it was to find their way. They told us about useful directions, maps included in their appointment letters and clear on-site signage.

Public transport

Most people, 77%, said they arrived by their own vehicle or got a lift from friends or relatives.

Only eight per cent said they used public transport. Six per cent walked, four per cent arrived by taxi, and one per cent used non-emergency patient transport.

Healthwatch detailed good public transport links at 17 of the sites. However, Healthwatch highlighted issues with public transport at five sites.

Healthwatch highlighted broader issues with local public transport, including congestion and delays. At three sites, Healthwatch felt the walk from public transport stops to the CDC may be too long for people with limited mobility.

Healthwatch also raised concerns about **inequitable access** by public transport at ten sites. In more rural areas, such as Westmorland and Taunton, Healthwatch highlighted how existing issues with access to public transport will affect people using the CDC. For North Bedfordshire, Healthwatch noted that people from more deprived areas would have fewer bus options and face longer journeys.

During the interviews, people told us about the convenience of public transport. They emphasised how close the service was to their homes and how quickly they could get to the CDC.

“Really easy, [the] bus stops right outside. Buses are frequent – I like to be able to get there by bus, so this is perfect for me.” **Person visiting Southlands CDC**

We also heard from people who said they’d have preferred to visit another location with more convenient public transport links.

“[I] like the location of this place. The building is accessible. It’s not as convenient as going to the hospital, the busses are slightly more infrequent.” **Person visiting Whitegate Drive CDC**

Our calls for change

We know from our feedback that CDCs work best when they're convenient for people. We want to prevent avoidable issues with people's journeys to CDCs, which can detrimentally affect their overall experience.

We want to see:

- Better, and more consistent, approaches to Blue Badge parking across CDCs (Recommendation 3.i).
- Clear signposting to support for parking and travel costs where appropriate (Recommendation 3.ii).
- Detailed travel instructions, including maps, to be provided online and in the referral letters for all sites (Recommendation 3.iii).
- Local action to support travel to CDCs (Recommendation 3.iv).

Recommendations

1. General recommendations

i. We're calling for a comprehensive evaluation of the CDC programme to be carried out (2026–2028).

Why this is needed:

Feedback on the CDC programme received by Healthwatch England is overwhelmingly positive.

However, there still may be challenges that stand in the way of the CDC programme reaching its full potential.

*Diagnostics: Recovery and Renewal*¹³ cited several potential positive outcomes from the rollout of CDCs: improved patient safety, expanded diagnostic capacity, increased patient convenience and narrowing health inequalities.

A comprehensive assessment should be conducted to ascertain the difference CDCs have made for patients and the wider health system.

How to make this happen:

The Department of Health and Social Care should commission a comprehensive evaluation of the CDC programme. This evaluation should examine the programme's impacts five years after its launch (October 2026) to allow time for sites to be fully established.

This evaluation should specifically consider the following:

- Effects of the CDC programme on overall diagnostic activity.
- Workforce and capital allocation to CDC sites and impacts on the broader diagnostic system.
- Patient safety and patient experience.
- Effects on health inequalities.

¹³ <https://www.england.nhs.uk/publication/diagnostics-recovery-and-renewal-report-of-the-independent-review-of-diagnostic-services-for-nhs-england/>

Healthwatch England and local Healthwatch organisations could support a wider evaluation of people’s experience of CDCs.

Who should be involved:

- Department of Health and Social Care.
- Healthwatch England and local Healthwatch.

ii. We’re calling for NHS England/NHS Elect’s Evidence-Based Design programme for CDCs to be extended and enhanced

Why this is needed:

NHS England has taken a proactive approach to involving service users in designing and evaluating CDC sites. This Evidence-Based Design (EBD) approach, led by NHS Elect, could serve as a template for future service planning. To fully realise the potential of EBD, this programme should be used across all sites.

We want to ensure that the learning from this exercise is valued, and that insight is shared widely. People who comment and provide feedback should see how their participation fosters change. Sharing information about the programme will also encourage other services to adopt similar approaches.

We also want to ensure the programme elevates feedback from those most likely to experience access issues and health inequalities, particularly at the service level. Additional methods of targeted engagement, including boost sampling, solicited feedback, and focus groups, may be more suited to hearing from these people.

How to make this happen:

NHS England and NHS Elect should extend their Experience-Based Design programme to cover all CDC sites. After each cycle, sites should publish their findings and changes – both to ensure participants who’ve shared feedback know they’ve been listened to and to share learning with other services.

CDC providers should take a proactive approach to collecting data from those with different accessibility needs and demographic groups who may have poorer care experiences.

Who should be involved:

- NHS England
- NHS Elect
- CDC providers

2. Accessibility recommendations

i. We're calling for comprehensive accessibility audits to be carried out at all CDC sites (2024-2026).

Why this is needed:

While all the sites we visited had made some accommodations for those with accessibility needs, Healthwatch observed several instances where CDC sites were not fully accessible.

For example, several sites that we visited also lacked hearing loops for people who were d/Deaf or experiencing hearing loss. Healthwatch also identified issues that could be barriers for people with Autism, learning disabilities, or dementia.

Failing to accommodate the needs of patients with additional accessibility requirements undermines care quality and may breach the Equality Act (2010), which outlines the legal requirements for service providers to make reasonable adjustments and provide support.

How to make this happen:

NHS England should instruct Integrated Care Boards to carry out accessibility audits at all CDC sites. These audits should assess the compliance of CDC sites with existing accessibility requirements. Specific attention should be paid to whether sites are accessible to those living with Autism, learning disabilities, or dementia.

These audits should occur annually and involve local people with accessibility needs and representative organisations from the VCSE sector.

Local Healthwatch organisations and/or trained Patient-Led Assessments of the Care Environment (PLACE) volunteers should be involved in supporting this work.

Feedback from these accessibility audits should be incorporated into NHS England and NHS Elect's existing evidence-based design with recommendations for improvements considered alongside wider feedback.

Who should be involved:

- NHS England
- NHS Elect
- Integrated Care Boards
- CDC providers

- Local Healthwatch
- VCSE organisations

ii. We're calling on all CDC sites to adopt a proactive approach to identifying and responding to communication needs (2024).

Why this is needed:

Three-quarters (75%) of people we talked to at CDCs said that no one had asked if they had any specific communication needs.

Most of the sites we visited did not display posters about the Accessible Information Standard and 14 sites didn't have any information available in an Easy Read format. We also found that 12 of the sites did not have information on display about what to do if a patient needed an interpreter.

How to make this happen:

All CDC sites should display posters about the AIS. This includes, but isn't limited to, using AIS posters which encourage people to tell staff if they have any communication needs.

Information should also be available on how patients can access both spoken language and British Sign Language translation.

All sites should keep master copies of information in Easy Read and a range of languages.

Staff should receive training to ensure they can provide advice and guidance on getting accessible information and using on-site facilities designed to support access, such as hearing loops. This training should particularly focus on service users whose needs may not be met at current CDC sites, such as those living with dementia or autism.

Who should be involved:

- Integrated Care Boards
- CDC providers

iii. We're calling for information about on-site accessibility to be provided online for all CDC sites (2024).

Why this is needed:

While most CDC sites we visited had made accommodations for those with accessibility needs, information on facilities and services for those with accessibility needs is often difficult to find online, particularly through the NHS's Service Finder.

Only eight of the sites visited by local Healthwatch had information about accessibility on the Service Finder. While information may be available through other channels (including through trust websites¹⁴ or resources collated by private organisations, such as AccessAble¹⁵), up-to-date, standardised information on accessibility should be available centrally through the NHS's central service portal and the NHS App.

How to make this happen:

NHS Regional teams should work with ICBs and CDC sites to update the NHS Service Finder to have comprehensive information available on accessibility. This should include, but not be limited to, whether sites have hearing loops, dementia and Autism-friendly environments, disabled parking, wheelchair and step-free access.

The NHS Service Finder is already integrated into the NHS App, but NHS England should ensure that patients can access updated information through this channel, too.

Information on accessible facilities should also be integrated with the NHS e-Referral Service to ensure that referrers and patients have easy access to information at the point of referral to help them make choices about where to receive care.

Who should be involved:

- NHS England
- NHS Regional Teams
- ICBs
- CDC sites

¹⁴ <https://www.stgeorges.nhs.uk/patients-and-visitors/access-able/>

¹⁵ <https://www.accessable.co.uk/lancashire-and-south-cumbria-nhs-foundation-trust/access-guides/preston-healthport#400f04bd-658a-ad43-bc05-fdd1a683e0df>

3. Travel recommendations

i. We're calling for action to improve the availability of parking for those with disabilities (2024-2026).

Why this is needed:

Most of the sites visited by Healthwatch had adequate parking, but concerns were raised about five of the sites.

Parking costs also varied between sites, with some charging for parking and others having mainly free parking available.

How to make this happen:

Department of Health and Social Care guidance on car parking for NHS trusts and NHS foundation trusts should be applied to CDCs.

A statutory minimum number of disabled parking bays should be reserved at each CDC site.

Who should be involved:

- Department of Health and Social Care
- NHS England
- NHS England regional teams
- CDC providers

ii. We're calling for action to improve parking support for those who face cost barriers when receiving care (2024-2025).

Why this is needed:

Parking costs also varied between sites, with some charging for parking and others having mainly free parking available. We heard about the impact of parking charges on their ability to access diagnostic tests and their choice of where to go for their health and care.

How to make this happen:

CDC sites should publish their parking policies online, including information on free/discounted parking eligibility. This information should be easily searchable using the NHS Service Finder directory, which is updated by NHS England regional teams.

Information about any available support for parking charges should be signposted from within the Service Finder, and clearly signposted via appointment letters and on-site posters.

Who should be involved:

- Department of Health and Social Care
- NHS England
- NHS England regional teams
- CDC providers

iii. We're calling for clearer travel information, including public transport routes, to be available online (2024-2025).

Why this is needed:

While most people we spoke to emphasised how convenient their journey to the CDC was, we also heard from people who didn't have clear directions to the site before their appointment and had problems finding the site.

Most sites had comprehensive travel information available online, including details on local public transport connections. However, finding travel directions for other sites is more challenging. As with accessibility information, the NHS Service Finder (which is linked to the NHS App) should include up-to-date and useful information about travelling to sites. Five of the 22 sites that we visited didn't have a listing on the Service Finder.

How to make this happen:

Comprehensive Information on travel routes and directions should be available through the NHS's Service Finder. All CDC sites should be searchable on the Service Finder.

Additionally, this information should be included on referral letters to ensure that patients who do not use the NHS App or online services can easily find their way to a CDC site.

Who should be involved:

- NHS England regional teams
- CDC providers

iv. We're calling for support to help people get to and from CDCs (2024–2025).

Why this is needed:

We heard from people who told us about poor transport links and difficulties arranging travel to CDCs. This included some people who were unable to access patient transport services.

NHS England has recognised these cost and time barriers and confirmed that all bids for new CDCs must consider local public transport links.¹⁶

How to make this happen:

In more rural areas, CDC providers should work with their local authority and others to ensure appropriate public transport to and from CDC sites.

CDC providers and local NHS leaders must also ensure local non-emergency patient transport services (NEPTS) provide transport support to CDC sites.

And where patients choose to access an out-of-area CDC, this choice should be meaningful with transport costs covered by the local ICB. This must cover all patients, and not just those eligible for reimbursement through the healthcare travel costs scheme (HTCS).

Who should be involved:

- NHS England
- NHS England regional teams
- Integrated Care Boards
- CDC providers
- Local Authorities
- Patient transport service providers

¹⁶ <https://www.rcpath.org/static/c131184d-fc49-4b75-837303c677817071/APPG-for-DiagnosticsCDC-Report-Jan-2024.pdf>

Appendix

Site locations

| Site name | Healthwatch Report* | Status |
|------------------------------------|--|-----------|
| Bexhill CDC | East Sussex | Permanent |
| Burnley CDC | Blackburn with Darwen | Permanent |
| Ealing Hospital CDC | Ealing | Temporary |
| Nuffield Health Centre Complex | Northamptonshire | Temporary |
| Eltham Community Hospital CDC | Greenwich | Permanent |
| Grantham CDC | Lincolnshire | Permanent |
| Halton Health Hub CDC | Halton | Permanent |
| Hinckley and District Hospital CDC | Leicester and Leicestershire | Temporary |
| Ilkeston CDC | Derbyshire | Temporary |
| James Paget Mobile CT Scanner | Norfolk | Temporary |
| Leicester General Hospital CDC | Leicester and Leicestershire | Permanent |
| Leigh Infirmary CDC | Wigan and Leigh | Permanent |
| North Bedfordshire CDC | Milton Keynes | Permanent |
| Preston Healthport | Lancashire | Permanent |
| Queen Mary's Hospital | Wandsworth | Permanent |
| Rossendale CDC | Blackburn with Darwen | Permanent |
| Southlands Hospital CDC | West Sussex | Permanent |
| Taunton Diagnostic Centre | Somerset | Permanent |
| Westmorland General Hospital | Westmorland and Furness | Temporary |
| Whitegate Drive CDC | Blackpool | Permanent |
| Whitworth Hospital CDC | Derbyshire | Permanent |
| Withington Hospital | Trafford | Temporary |

* Where reports are not published at the time of writing, we have provided a link to the local Healthwatch's reporting page.




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