

Enter and View Report

Stoke-on-Trent Community Diagnostic Centre

3rd August 2026



Healthwatch Staffordshire

0800 051 8371

Support Staffordshire, Civic Centre, Riverside, Stafford ST16 3AQ.

Website

www.healthwatchstaffordshire.co.uk

Email

enquiries@healthwatchstaffordshire.co.uk

X

<https://x.com/HWStaffordshire>

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 3rd August 2026

Service Visited:

Stoke-on-Trent Community Diagnostic Centre

Authorised Representatives undertaking the visit:

Jackie Owen, Robert Green, Siobhon Hayes & Alison Connell

The Service

The Stoke-on-Trent Community Diagnostic Centre (CDC), located on Etruria Road in Hanley, provides planned diagnostic tests and scans for patients who have been referred by their GP or another healthcare professional. The centre will offer a range of services, including:

- Ultrasound
- CT
- MRI
- Spirometry/ Lung Function
- Cardio/respiratory diagnostics
- Blood tests and Phlebotomy as a walk in service and a booked service*
- Endoscopy
- X-ray; to be delivered as a walk-in service*
- Telescopic ENT
- Children's Asthma
- Gynaecology One Stop Clinics
- Fibro-scanning

**The walk-in service requires a GP referral.*

The Centre formally opened on 27th April 2026 (CT, MRI, X-Rays) with further services going live in May. (Cardiology, Respiratory and sleep). Its purpose is to give local people quicker and more convenient access to tests closer to home, helping to reduce waiting times and ease pressure on hospital services. The centre is not an emergency

service or a minor injuries unit, and patients are advised to use NHS 111 or emergency services where urgent care is required.

Purpose of the Visit

As part of Healthwatch Staffordshire's responsibilities, authorised representatives conduct Enter and View visits to health and social care facilities. These visits aim to assess how services are managed and to make recommendations for improvement. The Health and Social Care Act 2012 empowers authorised representatives to observe service delivery and engage with patients and families at various locations, including hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Healthwatch undertook this visit partly in response to feedback that GPs and patients were waiting a long time for test results, with some reportedly taking up to six weeks. We wanted to understand whether this reflected most patients' experiences. One patient told us they contacted PALS after six weeks but only received a voicemail about long waits; their results eventually took three months.

Methodology

Our approach to this visit included plans to speak to managers of the unit to discuss operational and strategic issues, staff on duty at the unit from different departments and patients sitting in waiting areas.

We also walked around all areas of the unit including empty treatment rooms and communal areas, observing the environment and interactions between staff and patients.

Physical Environment

Location and Access

The Diagnostic Centre is a modern, spacious facility costing over £43 million, developed on the site of a former Sainsbury's supermarket. It is situated in the centre of an urban community and is easily accessible by car or bus. There is ample free parking available, including designated disabled parking spaces. Upon entering

reception, visitors are required to enter their vehicle registration number to authorise parking.

Entrance, Reception and Waiting Areas

On entering the single-level unit, visitors arrive in a bright and spacious reception area. This includes a staffed reception desk and self-service check-in facilities. From here, patients are directed to colour-coded waiting areas linked to different clinical areas.

Design

The senior manager, who had taken a lead in the design process, explained that a wide range of community groups with different needs had contributed to every stage of planning for the centre through a series of community open days. This feedback influenced the design, colour schemes and finishes. This helped create large, well-lit waiting and changing areas that reflect a calm, welcoming and comfortable environment, with plenty of seating and refreshment options. Clinical areas are colour coded with clear signage and seating. Each area has its own dementia-friendly clock, and hearing loops are present throughout the centre. There are also 6 Trevor interpreter units available on site to support people whose first language is not English, in various units, including the Deaf community, with language and BSL translation.

Signage and Wayfinding

During our visit, we observed some initial confusion when a patient was trying to locate the blood test area. The patient had been directed to a colour-coded zone but was unsure how to follow the system. In practice, once patients check in, they are directed to a specific-coloured zone, with wall panels and signage changing colour to guide them to the correct waiting area. This can, however, be a problem if the patient has colour blindness.

Information and Clinical Areas

Notice boards throughout the unit displayed a wide range of information, and a variety of leaflets were available for patients and visitors. Our walk around several clinical rooms and communal areas

showed that the rooms were spacious, bright and well lit, with new, modern equipment in place.

Discussion with Management Team

Overview of the Centre and Services

At the start of the visit, we met with three members of the senior management team. They provided an overview of the centre's development, the services currently available, and the referral routes into the CDC.

Opening Hours and Capacity

The service is open seven days a week, but imaging and phlebotomy available are the only services available over 7 days at the moment. The centre is open from 7am and 8pm though different services have varying opening times within this. CT and MRI are open from 7am with most other services commencing between 8-9 am. Endoscopy is currently a 5-day service.

This extended access has increased capacity and is helping to reduce waiting times for more patients.

Management Perspective

The managers demonstrated a strong sense of passion, enthusiasm and pride in how the CDC has developed and how it is now operating. We were told that the centre is able and on target to deliver 180,000 diagnostic tests per year, and to deliver imaging and endoscopy 12 hours per day, seven days a week. The centre currently averages 550 patients through the door each day and is exceeding the plan for phlebotomy by seeing double the expected number of patients.

They also emphasised that the centre remains a work in progress, with further plans to extend and develop services in the future. There is a plan to develop a new asthma pathway for children aged 5 upwards as part of a paediatric pathway.

Staffing and Capacity

We were told that an additional 150 staff have been recruited, creating significant additional capacity across diagnostics and this has had a positive impact on waiting times for diagnostics.

We asked specifically about waiting times for results to be conveyed back to GPs, consultants and patients. We were told that this would vary and is test-specific, but waits for ultrasound are improving as extra resources have been put into this area. We were told that UHNM is working with the ICB to develop new pathways to get results back to GPs more quickly and all together, so that there is a whole treatment picture for GPs to work with.

Patient Feedback

We spoke to patients and carers visiting the CDC on the day of our visit and the feedback we received on the location, staff and cleanliness of the centre was all very positive.

Here are some of the comments we recorded:

- One gentleman was red/green colourblind and the monitors directed him to sit on the “green chairs.” He asked and was told they were opposite the “reddish chairs.” He walked around until he found the sign for where he needed to be.
- One lady was from the Wirral but had an accident in Stoke. She received emergency care in Stoke. She has had some discs fused in her spine as a result. She has approximately a 1.5-hour drive to get to Stoke from the Wirral. She had tried to get her follow-up appointments transferred to the Wirral but had been told she had to come to Stoke.

Cancellations

Her appointment the previous day was for 2.10pm and had been arranged by her GP back home. She arrived in plenty of time but was told it had been cancelled the previous day, and a letter was on its way to her home. This was the second time she had attended Stoke CDC to be met with a cancelled appointment. They managed to see her at 3.00pm as a walk-in.

She could not fault the Stoke CDC or her treatment but was frustrated that she had made a three-hour round trip twice for cancelled appointments, as well as sitting and waiting to be seen while the CDC accommodated her. This was particularly difficult with a spinal injury, as sitting for long periods is uncomfortable and not recommended. She did not know who had cancelled either appointment.

- A patient who attended for a blood test commented:

"Had a blood test; my bum was on the seat for less than 10 seconds before I was called. Less than 10 minutes, done."

- Many of the patients we spoke to on the day informed us that it was very easy to book their appointment and find the diagnostic centre. The majority commented on how clean and new the centre was. People commented on how much easier the centre was to access, as the parking was free with lots of space to park. This was contrasted with the hospital parking, which is not free, can be difficult to find a space in after 9am, and can be difficult to leave after a visit due to heavy traffic.
- Everyone we spoke to felt that they were supported through their appointment and able to ask questions, and that staff members would explain procedures.
- A patient mentioned that they were not sure how to register their arrival but were supported to use the check-in screens immediately as they walked into the centre.
- Upon arrival, patients are required to check in by entering the type of test they are there for, along with their name and date of birth. Once the details are entered, a ticket is printed with a number on it. Upon receiving their ticket, patients are asked to sit in the waiting area immediately adjacent to reception.

Their number is then called on the screens in front of them, and they are asked to go to a colour-coded seating area close to the department carrying out their test or scan. Familiarity with the process should improve patients' understanding of how to register

their arrival. Once they have been through the process, it should be easier next time.

- On the day, a patient commented that the seating arrangements and flow could have been clearer. Again, it is thought that patients' understanding of the requirements will improve with use of the centre.
- A patient reported on the day that they had been waiting an hour for a blood test. We clarified this with staff, who explained that there was a staffing issue causing the delay, so it was not typical of the usual service. The wait time was displayed for patients to see, so they were aware of the delay and could choose to wait or come back another time.
- All patients rated their experience as excellent or good and commented on how welcoming and helpful staff were.
- Several of the people we spoke to on the day suggested that the centre would benefit from a café. We spoke with management about this and were informed that this may be a possibility in the future.

Staff Feedback

We spoke to 10 members of staff from different clinical, administrative and domestic teams. Most staff had worked at the centre since its opening in May, but three staff in the endoscopy department had only started at the centre two days previously, when the endoscopy unit opened fully.

- All the staff we spoke to were very positive about the environment. Most had worked at UHNM for a number of years previously and were therefore very happy and positive about the ample and free parking at the centre in comparison to that at UHNM.
- Staff described the environment as bright, clean, well set out, less clinical looking, well signposted and calming. All staff we spoke to expressed a view that the current environment improved their working conditions and the experience for patients as there was

less pressure for staff and patients and therefore a calmer atmosphere.

- Some staff mentioned having to get used to working with new equipment and new ways of working but felt that communication and cooperative working between teams could improve as a result.
- Some mentioned a few teething problems like temperamental IT systems that produced errors with booking office appointments.
- A few clinical staff mentioned the absence of medical doctors on site as an issue, and some mentioned having to send patients to UHNM if they became unwell. Managers we spoke to were aware of this issue but had decided against having doctor cover on site. Arrangements were in place with the ambulance service if any patients needed transporting to the main hospital.
- A couple of staff mentioned the distance between their clinical work area and the staff room, which was quite a walk and on a different floor, and the difficulty of managing to make a drink if clinics were busy. Again, managers were aware of this and had made a professional decision to keep the clinical areas free of kettles, microwaves and similar facilities. The main staff room was well equipped and comfortable for staff to take their breaks.
- A secure garden seating area with planters is in place for staff to take breaks or eat lunch outside should they wish, supporting staff wellbeing.
- Overall, staff were very positive about most aspects of their work environment and about the teamwork approach and support they received from their managers.

Summary

Healthwatch Staffordshire undertook an Enter and View visit to the Stoke-on-Trent Community Diagnostic Centre on 3 August 2026 to understand patient and staff experiences, observe the environment, and explore concerns about waiting times for test results. Overall, the centre was found to be modern, clean, spacious, accessible and well

designed, with clear evidence that patient and community feedback had influenced the building, facilities and service model.

Patients and staff were very positive about the environment, parking, cleanliness, staff support and overall experience. A small number of areas for improvement were identified, including wayfinding for people with colour blindness or unfamiliarity with the system, communication around cancelled appointments, continued monitoring of delays in receiving results, and practical improvements to support patient and staff experience as services develop.

Recommendations

1. Review signage and wayfinding to ensure it is accessible for all patients, including people who are colour blind or who may find the colour-coded system difficult to follow. This could include clearer written directions, symbols, floor markings or additional staff prompts at check-in.
2. Strengthen communication processes for cancelled or changed appointments, particularly where patients are travelling long distances or have mobility, pain or disability needs, so that they are notified as early as possible and offered suitable alternatives.
3. Continue to monitor and report on the time taken for diagnostic results to be returned to GPs, consultants and patients, with a focus on reducing delays and ensuring patients understand when and how they should expect to receive results.
4. Maintain visible information about current waiting times for walk-in services, and ensure patients are clearly informed when delays are due to temporary staffing or operational issues.
5. Consider options for refreshments or a café facility as the centre develops, reflecting feedback from patients who felt this would improve the experience for those attending longer appointments or accompanying others.
6. Continue to engage with staff as services expand, particularly around communication between teams, new equipment and ways of working, and practical access to break facilities during busy clinics.

Response to Report from the CDC

I think it's a fair and accurate report and I like all the positivity coming from the report from staff and patients, nothing I didn't expect to see – limited negative feedback.

Point 1 – Recommendation about signage and wayfinding: *this was also brought up in feedback from Sight Loss Council when they came to visit. There is an action to revisit this with the Programme Team.*

I think it will be hard for the CDC MGT to be responsible for point 2 and point 3 of the recommendations as each service would have to take this forward individually but this will be raised and discussed with them.

Point 4 – *this is already in place, we only demonstrate this wait when there is an issue, and the wait has gone beyond 15mins and is more around 30mins.*

Point 5 – *we would benefit from a café- on-going discussions with the regards to feasibility.*

Point 6 – *there is full commitment for this to continue.*

On the following pages there is an Addendum containing detailed responses to further questions which Healthwatch Staffordshire asked at the visit.

Addendum – Questions & Answers

Community Diagnostic Centre (CDC) Hanley, Staffordshire

Healthwatch Staffordshire Interview

While visiting the centre we had more questions about the service.

Thank you to Rebecca Huntley, Head of Patient Experience at Royal Stoke University Hospital, University Hospitals of North Midlands for compiling the following detailed responses after our visit.

Access and Referrals

Q1. Who can refer patients to the Centre?

A: Referral pathways into the Community Diagnostic Centre (CDC) follow the same processes as all patients referred to UHNM services. Referrals can be made by GPs and internal referrers through established Trust pathways. Individual services review referrals and determine which patients are suitable for assessment or testing within the CDC. Patients are then booked according to service-specific clinical criteria, ensuring patient safety and appropriate clinical management.

Q2. How do you prioritise urgent referrals?

A: Urgent referrals are managed through existing UHNM processes. Two Week Wait (2WW) referrals continue to be processed through the Cancer Bureau and prioritised in line with national standards. Services vet all referrals and determine suitability for the CDC. Dedicated capacity is maintained for urgent and cancer pathways to ensure timely access to diagnostic investigations.

Q3. What arrangements are in place for people who need additional support, such as those with disabilities, learning disabilities or language barriers?

A: The CDC has a range of support measures in place to meet patients' individual needs. Six translation devices are available across Endoscopy, Imaging, Respiratory and Cardiology services to support communication. The building incorporates colour-coded and symbol-based signage to aid navigation, and quiet rooms are available for patients who may find busy waiting areas challenging. The facility was designed in consultation with patient groups, including those representing people with dementia and sight loss, ensuring accessibility and inclusivity are embedded throughout the building. Carers are also supported where required.

Patient Experience

Q1. How do you gather patient feedback?

A: Patient feedback is gathered through a variety of channels including feedback forms available at reception, QR codes, Google reviews, and feedback received through the PALS process. The CDC also plans to undertake further patient surveys to support ongoing service improvement.

Q2. How do you support patients who may be anxious about diagnostic tests?

A: Individual services provide support appropriate to their patient groups and procedures. Staff can also utilise quiet spaces within the building to provide reassurance and a calmer environment for patients who may feel anxious about their appointment or investigation.

Q3. Are there any common reasons for cancellations or Did Not Attend (DNA) appointments?

A: At present, no specific themes have been identified. Services continue to monitor cancellation and DNA data and review any emerging trends. Where common issues are identified across multiple specialties, improvement actions will be considered collectively across the CDC.

Communication with Patients

Q1. How do you check patients understand preparation instructions?

A: Services monitor procedure cancellations and incomplete appointments to identify any issues relating to patient preparation. Many services offer pre-assessment appointments, allowing patients the opportunity to ask questions in advance. Appointment letters also include contact details for patients who require further clarification before attending.

Q2. How do staff explain what will happen after a test or scan?

A: Each service provides information relevant to the patient's investigation and follow-up pathway. Some patients, such as those undergoing endoscopy procedures, may receive preliminary results on the day. Other services follow standard reporting processes, with results communicated through established UHNM pathways.

Q3. How are patients told when to expect results?

A: Following their procedure or test, patients are advised by the clinical team regarding expected reporting timescales and how they will receive their results.

Accessibility

Q1. How do staff identify communication or accessibility needs before the appointment?

A: Information provided within referral documentation and existing patient records helps identify communication or accessibility requirements in advance. Staff also review relevant alerts on Trust systems. Reception and front-of-house staff remain available to identify any additional needs on arrival and ensure appropriate support is arranged. The building includes a range of accessible facilities, including accessible toilets, spacious changing areas and step-free access.

Q2. What interpreting and translation services are available?

A: The Centre has six translation devices available for use across services. In addition, translated patient information and documentation can be provided where required.

Q3. How do you support people with sensory impairments?

A: The CDC incorporates a number of features to support patients with sensory impairments, including quiet rooms, dementia-friendly design features, colour-coded layouts, wayfinding, and Braille/tactile signage. These considerations were included during the design phase of the building and continue to support accessibility for all visitors.

Q4. How does the service support people who may struggle with digital communication or online appointment information?

A: Patients can receive appointment information through letters or telephone calls, and some services also provide text-message reminders. Reception staff are available to assist with check-in processes, ensuring patients are not reliant on digital systems. Alternative communication methods are offered wherever appropriate.

Staffing

Q1. Are there any current staffing challenges?

A: No significant staffing challenges have been identified. All services have recruited to support CDC activity and continue to manage staffing levels in line with operational requirements.

Q2. How do you ensure staff receive ongoing training?

A: Staff training and development are managed through established Trust processes. Additional CDC-specific requirements are outlined within the Operational Manual and communicated through service management structures.

Quality and Safety

Q1. How do you monitor the quality of your diagnostic service?

A: Quality and safety are monitored through the Trust's established governance frameworks, performance reporting arrangements and clinical quality assurance processes.

Results and Follow-Up

Q1. The aim of the Centre is to provide quicker, more efficient testing for service users. What provision has been put in place to accept and process the increased demand in test result analysis?

A: The CDC provides significant additional diagnostic capacity beyond that previously available at Royal Stoke and County Hospital sites. This additional capacity enables services to better manage demand, reduce waiting times and improve patient access to diagnostic testing.

To support the increased diagnostic activity, services were provided with additional workforce resource as part of the CDC expansion programme to ensure all aspects of the patient pathway could be managed effectively. For imaging services, additional Reporting Radiographers were recruited to support the timely interpretation and reporting of diagnostic tests. Similar workforce planning was undertaken across all participating services to ensure sufficient capacity was available for testing, reporting, administration and follow-up activity associated with the increased demand generated by the CDC.

Q2. How and when do patients receive their test results?

A: Patients receive results through standard UHNM pathways, which may include letters, clinic appointments, GP communication or consultant follow-up. Endoscopy patients typically receive a copy of their procedure report on the day, with any subsequent findings communicated through the appropriate clinical route.

Q3. What support is available if patients have questions after their appointment?

A: Patients can contact their consultant's secretary or clinical team for advice and support. Concerns can also be raised through the PALS service or the Trust's formal complaints process.

Q4. How urgently are urgent or unexpected findings escalated?

A: Urgent or unexpected findings are escalated through established Trust pathways. This includes referral to relevant consultants, Cancer MDTs, Clinical Nurse Specialists and other specialist teams, in line with existing UHNM processes.

Equality and Inclusion

Q1. How do you ensure the service is inclusive for all communities?

A: Inclusivity is a key priority for the CDC. Measures include accessible building design, Braille and tactile signage, quiet rooms that can also be used for prayer and reflection, translation services, and staff support for patients requiring additional assistance. Plans are also in place to expand volunteer support to assist with wayfinding. Clinical teams collect patients directly for appointments, helping ensure all patients can access services confidently regardless of communication or sensory needs.

Q2. How do you identify and address health inequalities

A: Addressing health inequalities is a key priority for the CDC. Services review patient activity, demographics and feedback to identify any barriers to access. The Centre supports equitable access through accessible facilities, translation services, dementia-friendly design, Braille signage and multiple communication methods. Where barriers are identified, services implement appropriate adjustments to ensure all patients can access diagnostic services in a timely and effective manner.

Q3. What adjustments can be made for people with additional needs?

A: Adjustments are tailored to individual needs and may include translation services, quiet waiting areas, accessible facilities, carer support, alternative communication methods and personalised assistance from staff.

Continuous Improvement

Q1. What are the biggest challenges facing the Centre?

A: There are currently no significant operational challenges facing the Centre. Feedback from both patients and staff has been overwhelmingly positive. The main area identified for ongoing improvement is enhancing signage and wayfinding throughout the building.

Q2. What are you most proud of since the Centre opened?

A: The successful delivery of a modern, welcoming and patient-focused diagnostic facility. Positive patient feedback, strong staff engagement, effective collaboration between services and the overall environment created within the building have all contributed to the Centre's success.

Q3. Are there any planned developments, improvements or service expansion?

A: Approximately one-third of the building remains available for future development. Work is ongoing with NHS England and partner organisations to explore future funding opportunities, service expansion and utilisation of the remaining space.

Q4. If you could change one thing about the service, what would it be?

A: Feedback to date has been exceptionally positive. If one area were identified for further enhancement, it would be improving signage and wayfinding to make navigation around the building even easier for patients and visitors.

Q5. What changes would improve joined-up care?

A: UHNM continues to work closely with referring organisations, external providers and clinical services to raise awareness of CDC services and ensure patients access the most appropriate diagnostic pathways. This collaborative approach will continue to develop as services expand within the Centre.