

Enter and View Report

Cannock Community Diagnostic Centre

8th September 2026



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 8th September 2026

Service Visited:

Cannock Community Diagnostic Centre

Authorised Representatives undertaking the visit:

Alison Connell, Elizabeth Watkin & Siobhon Hayes

The Service

The Cannock Community Diagnostic Centre (CDC), located at Cannock Chase Hospital on Brunswick Road, Cannock, Staffordshire, is situated within the hospital, on the hospital site. The CDC undertakes planned diagnostic scans for patients who have been referred by their GP or another healthcare professional. The centre offers a range of services, including:

- Ultrasound scans
- CT scans
- MRI scans

They do not offer a walk-in service.

The Centre formally opened on the 26th February 2024. Its purpose is to give local people faster and more convenient access to the tests detailed above, closer to home. The aim is to help reduce waiting times and ease pressure on hospital services. The centre is not an emergency service or a minor injuries unit. However, a doctor is on site should patients experience any adverse reactions during their appointment. As the CDC is located within the hospital, urgent care is available if 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 taking up to six weeks and that the service was not adapted to meet the needs of people who are neurodiverse. 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.

Additionally, this visit was an opportunity to observe changes recommended by Alzheimer's Society project completed in 2025 to ensure inclusivity for neurodiverse patients and visitors. The project visited Cannock CDC during 2025 with a lady with lived experience of autism and the final report make recommendations for reasonable adjustments and wider changes should funding allow.

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, £15 million facility, developed within Cannock Community Hospital. The Community Hospital site is situated in the centre of an urban community. It is easily accessible by car and is on main bus routes. As the CDC is on the site of the main hospital, there is no free parking available. There are hospital car parks, limited parking on the road directly in front of the hospital's main entrance and car parks in the town within a short walking distance. There are designated disabled parking spaces on hospital car parks.

Parking

On arrival at the hospital site at 9.35am, we were unable to find space either on the hospital car parks or on the road in front of the hospital. Four other cars were unable to find a space and circled the car park opposite the hospital. These vehicles made access and egress from this car park a challenge for visitors.

On leaving the car park, we had to give way to vehicles driving up the road in front of the hospital as the road was effectively one way due to parked vehicles.

We parked in Beecroft Car Park, a paid council car park. It was noted the state of the car park surface would make it challenging for hospital patients and visitors with ambulatory challenges, wheelchairs or young children. This car park was within a 5-minute walk to the hospital's main entrance but does require crossing a busy main road with a pedestrian crossing a short distance away.

We then had to wait to cross Brunswick Road to reach the hospital. Due to the cars parked on the main road in front of the hospital, cars driving down the slight incline drove onto the pavement, requiring us to step back to ensure our safety.

There are no official or media reports of major traffic accidents directly caused by on-road or pavement car parking outside Cannock Hospital, though local social media groups, particularly Facebook, frequently highlight dangerous parking, blocked ambulance bays, and congestion issues in the area.

Car parking continues to be a concern for neurodiverse patients and visitors, although it is noted that this is not just for CDC patients but for the wider hospital community. However, signage issues picked up in the project report from Alzheimer's Society are not a concern due to the patient journey detailed later in this report.

Main Hospital Entrance, Reception and Waiting Areas

The hospital has two entrances on a split-level. There are ramps and steps to the upper level, with signage on both levels. Signage is external as you arrive on site and internal as you walk into either entrance.

On entering at the lower (main) level, visitors arrive in a busy reception area which includes a staffed reception desk behind Plexi-glass. From here, patients are directed by welcoming staff and volunteers to different clinical areas.

On entering at the upper level, visitors arrive in a busy reception area and are met with an information booth manned by welcoming volunteers who are also able to guide visitors to different clinical areas. There is a café with a small number of tables and chairs nearby.

CDC Entrance, Reception and Waiting Areas

The CDC is located behind the main entrance reception area and is accessed via a door off the main corridor to the left of the lifts. A small vestibule area has two doors, one to the MRI waiting area and the second takes the visitor outside with the CDC entrance to the left. To the right is a doorway with a ramp that can also take the visitor back to the main corridor and reception.

The short walk to the CDC door is undercover above but only partly protected from the side from poor weather. Access is on one level and wheelchair accessible.

On entering through a set of manual, double doors, visitors arrive in a small, brightly lit and modern reception area which includes a reception desk staffed by two welcoming members of staff. From here, patients are directed to take a seat until called or may be directed to the MRI waiting room off main reception. Comfortable seating is spaced in small groups in the reception area. Water jugs and plastic drinking cups are available to visitors. There is a small children's area with toys and a TV screen on the wall.

Reception was staffed by 2 members of staff who welcomed and supported visitors with their visit. One staff member supported our visit when trying to interview a patient whose first language was not English. They translated for the patient who opted not to participate with the interview despite the offer of help from the staff member.

The CDC reception and waiting area environment was noted as a particular strength for neurodiverse patients and visitors in the Alzheimer Society report. The furniture style and spacing, TV volume, lighting and staff were noted to be welcoming and supportive with no adaptations requested.

Design

The operations manager explained that he had been involved in some of the planning for the centre along with other key managers and staff. This helped to create a comfortable reception, well-lit waiting and changing areas that reflect a calm, welcoming and comfortable environment, with a range of seating options. Again, these design decisions have made the environment suitable for neurodiverse patients and visitors.

Clinical areas have clear signage and seating. No hearing loops could be located. Walkways are clear with no trip hazards. A ramp prior to entering the CDC has a large sign advising visitors to be careful.

Visitors are given options at the point of appointment scheduling to have interpreters available to support people whose first language is not English.

Signage and Wayfinding

On initial arrival at the hospital, we noted that we could see no external or internal signage advising visitors a CDC is on site and its location. We discussed this with the operations manager at the beginning of the visit who confirmed there were no specific signs for the CDC site.

During the course of patient interviews and having reviewed some of their appointment letters, it became apparent that this signage was not necessary. Patient letters direct them to the appropriate clinical area for their test. On arrival at the hospital, staff will direct patients to the appropriate location according to the test that they will undertake. It became clear that the term “Community Diagnostic Centre” is an internal term and not one that patients need to become familiar with. The service they need is not impacted by this terminology.

However, it was noted that the main hospital reception has not made recommended adaptations to accommodate neurodiverse patients and visitor needs.

Information and Clinical Areas

Notice boards throughout hospital reception areas displayed a wide range of information. In the CDC unit, fewer leaflets and information boards were available, but would not be necessary as visitors do not by-pass reception and the information located there. This was noted on the previous project for the Alzheimer’s Society and the standard has been maintained since this time.

Our walk around several clinical rooms and communal areas showed that the rooms were bright and well lit, with new, modern equipment in place. There were no obstructions on the floor or in clinical rooms that could cause accidents. All areas were well-organised.

Discussion with Management Team

Overview of the Centre and Services

At the beginning of the visit, we met with the operations manager. He 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, with services available between 7am and 8pm. This extended access has increased capacity and is helping to reduce waiting times for patients.

Management Perspective

The manager demonstrated a sense of pride in the CDC, the staff who work there and how the CDC is now operating. We were told that the centre is able and achieving its original, proposed target numbers to deliver diagnostic tests per day. Clinical staff advised us that the centre currently averages approximately 200 patients through the door each day.

The manager was advised of current waiting times for results from tests was approximately 6 weeks. He advised us that the turnaround for test results to GPs for Cannock was closer to 2-3 weeks and did not feel that 6 weeks was a reflection of the service from Cannock CDC.

However, the manager expressed surprise that NHS England had recently advised him that the CDC was not performing in comparison with other CDC locations. He confirmed he had received no further information and was committed to exploring why their daily numbers were on target, but NHS England did not agree.

He also emphasised that the centre remains a work in progress, he is always looking at how services can be made more efficient and improved. There is a plan to develop a new CDC in Bilston, which is currently being explored.

He confirmed that he was aware of the Oliver McGown training for all centre staff to ensure neuroinclusive practice and support for patients and visitors. He confirmed that this was mandatory training for all hospital employees including CDC staff.

Staffing and Capacity

We were told that an additional 5 CT staff are being recruited, creating significant additional capacity across this clinical area which will have a positive impact on waiting times for diagnostics and staff morale.

We asked specifically about waiting times for results to be conveyed back to GPs, consultants and patients. We were told that this is between 2-3 weeks for the GP or consultant. He was not aware of any complaints regarding this timescale.

Staff and Patient Interactions

Throughout the visit, 7 staff and patient interactions were observed between reception and visitors and clinical staff with waiting patients. Staff were observed to be polite, spoke clearly and were helpful when dealing with patient and visitor queries. One member of the reception staff helped a patient who did not use English as their first language.

Patient Feedback

We spoke to 11 patients and 2 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 very positive.

Here are some of the comments we recorded:

"Getting the appointment with the GP was a bigger problem."

"Hard to hear {main} reception staff for directions."

"I had a call to move my appointment forward."

(cancelled appointment was filled.)

"I was seen very quickly, looked after."

"It's a nice waiting area and staff are helpful."

"Car parking was very busy today."

All patients acknowledged the helpfulness of staff. They all confirmed they felt able to ask questions regarding their appointment and 11 patients confirmed that they had had their test explained to them.

2 patients had not been called into their test at the time of interview but also confirmed that they felt comfortable asking questions.

1 patient had just moved to Hereford from Wolverhampton but told us she had been advised she could not move her appointment from Cannock CDC. She was not provided with a reason.

5 patients shared their hospital letters that explained their appointment, the time and location. 2 letters had handwritten notes providing clear directions to the relevant location of their test.

3 patients confirmed that they felt the CDC saw patients quickly and did not have to wait long for their appointments. This was something that they felt the CDC did well.

2 patients had visited the CDC before and confirmed that they had consistently had an excellent experience.

11 patients interviewed confirmed that it was very easy to book their appointment as this was via the GP. It was also easy to find the relevant clinic within the diagnostic centre using signage and directions of hospital staff on reception and volunteers.

Everyone interviewed commented on how clean and comfortable the centre was.

Parking was mentioned by 2 carers who had driven patients to their appointment. Both had struggled to find parking in the hospital car parks. Both mentioned that the parking on the road outside the main entrances caused issues as the road then only allowed cars in one direction as there was insufficient room for two cars to pass. It must be noted that this is an issue for the hospital overall and not just CDC patients.

Everyone we spoke to felt that they were supported through their appointment, were able to ask questions, and that staff members would explain procedures.

One patient commented that no wait times were visible but was then called to their appointment. They laughed and said, “well, they’re clearly not needed.”

All patients rated their experience as excellent or good and commented on how welcoming and helpful staff were.

3 of the people we spoke to on the day suggested that the centre would benefit from a water dispenser as one patient had to drink water prior to her test. We spoke with the operations manager and reception staff who confirmed the water dispenser that had been located in the CDC had been “condemned.” Water jugs were now available instead with plastic cups.

Staff Feedback

We spoke to 7 members of staff from different clinical, administrative and domestic teams. 5 of the staff members we surveyed have worked at the centre for one to three years, one for less than 6 months and one for 11 years.

While the staff had some suggestions for improvement, many of those we spoke to shared positive feedback regarding working at Cannock CDC. All 7 individuals interviewed felt that the different teams communicated and worked together well. The staff told us they felt that their process is efficient, with patients not having to wait long to be seen. Their system means that less complicated testing tends to go to Cannock rather than the sister centre at New Cross. As a result, they are able to see a large number of people daily.

3 staff members described the working environment as usually conducive to providing high-quality patient care. One staff member felt that the fast pace of processing patients meant that there was not enough time with patients or the level of support they would like to give them.

While many of the staff we interviewed felt the physical environment of the department was acceptable, there were several comments regarding its size as being small. The break room is small, accommodating about six people at a time when there are usually about twenty people on a shift. This makes it hard to find space when taking a break which could impact staff wellbeing.

The patient prep room was also deemed too small as only one patient can be comfortably prepped at a time.

The limited size of the centre also means it can be difficult for people in wheelchairs or push chairs (if bringing a child).

It was suggested there should be recommendation to advise having one visitor/chaperone per patient in the initial appointment letter, because sometimes patients arrive with a family of six and the waiting area is small.

“At busy times, when it is really busy, it can become overwhelming. Space is very limited, and we have to share with other departments. Sometimes there is simply no space at all, including no space for family and friends.”

Automatic doors that stay open would also be helpful, especially for patients in wheelchairs or when transporting patients in beds. Patients currently must ask staff to come and open the door for them, and it is felt that they should not have to do this.

Regarding the safety and wellbeing of patients at the centre, the overall impression was that patients were well taken care of. However, a staff member commented that the entrance can be steep and there have been a few instances where people have fallen. There was criticism of the walkway which is covered but not enclosed thus leaving it open to bad weather. This exposed area can become slippery outside when it rains making it treacherous for patients.

Within the centre, one staff member commented on issues with the cannula chairs. The chairs have no armrests, which is uncomfortable for elderly patients, and many of the patients are elderly. There should be suitable chairs with armrests. A lot of the chairs are shared between all the teams, so sometimes none are available and patients must wait, which impacts on time. Scanners also break down. When a scanner breaks down, it can lead to appointment cancellations, which then affects the experience for patients and staff.

A key issue that was brought up by multiple staff interviewed was regarding patients who have been brought to appointments via ambulance transport. There is no real waiting area for them, and in some instances, patients have been left waiting for the ambulance to pick them up after their appointment for up to eight hours. As a result, sometimes patients are picked up after the centre closes at 8pm, meaning staff must stay and wait until they are collected. Staff do not get paid for this time and do not receive overtime or time back. The hospital canteen closes at 1pm meaning that some patients must wait without anything to eat, a situation that can become dangerous for some patients such as those with diabetes. There should also be more training, for example in checking blood sugar levels. At present, staff must call someone from another department to do this, whereas it could potentially be done within the department to monitor patients.

Several of those interviewed expressed concern regarding staffing since the workload does not change when staffing does. At weekends there are fewer staff but the same workload. Consequently, any incidents that occur happen at weekends. Over time the staff number has reduced and there is significant turnover for imaging assistants who are looking for progression and so move on to other posts. When people leave, their role tends to be split between other staff, and it can take a long time to replace them. This can lead to people not enjoying the job, having no job satisfaction and becoming burnt out. Sometimes these issues are raised with management, but staff members do not feel their concerns are taken on board. If someone is sick and there is no capacity to cover everyone, appointments must be cancelled. A lot of appointments require more time, but patients are only given the allocated time, which then impacts the rest of the day.

Another issue raised was that the hospital sometimes thinks they can send people to CDC without making an appointment because they are part of the hospital, but this is contra to the process the department has.

Summary

Healthwatch Staffordshire undertook an Enter and View visit to the Cannock Community Diagnostic Centre on 8th September 2026 to understand patient and staff experiences, observe the environment, explore concerns about waiting times for test results and that the physical environment is not always conducive to people with Neurodivergent needs. Overall, the centre was found to be modern, clean, accessible and well designed with the footprint planners had to work with.

Patients and staff were very positive about the environment, cleanliness, staff support and overall experience. Some areas for improvement were identified such as water more easily available to patients, café remaining open after 1pm to ensure e.g. patients with diabetes can easily manage their condition with food more easily available and practical improvements and efficiencies to support patient and staff experience.

Recommendations

- Continue to monitor and report on the time taken for diagnostic results to be returned to GPs, consultants and patients. Should delays become an issue, focus on reducing delays and ensuring patients understand when and how they should expect to receive results.
- Work with the main hospital to review the recommended adaptations from the report produced by the Alzheimer Society

project in November 2025. The CDC is an example of what neuro-inclusive looks like and changes to the main hospital should explore the report and the example set by the CDC, particularly for the main hospital reception.

- Explore opportunities to improve staff wellbeing. Could external areas be used for break out spaces for staff, meaning less pressure on the limited space in the staff room?
- Explore opportunities to adapt under-utilised rooms and spaces to increase capacity for patients being prepped.
- Review communications and letters to patients to explore the potential to advise having one visitor/chaperone per patient.
- Explore the associated costs for automatic doors that stay open to aid patients with mobility aids or pushchairs.
- Add a regular, safety check of the exposed element of the entrance to the CDC to ensure patients and visitors are safe from slips, trips and falls.
- Maintain visible information about current waiting times and ensure patients are clearly informed when delays are due to temporary staffing or operational issues.
- Consider a range of options for water availability for waiting patients and carers.
- Consider options for café facilities to extend their operational hours, reflecting feedback from staff who felt this would improve the experience for those attending longer appointments or accompanying others.
- Continue to engage with staff, particularly around communication between teams, new equipment and ways of working, and practical access to break facilities during busy clinics.
- Support any hospital review of on-site parking availability, particularly on the road outside the main entrance.
- Review options for Band 2 staff to undertake tasks to improve efficiency and patient flow e.g. cannulation. This will reduce pressure on other roles and could increase the number of patients seen.
- Signage on the doors prior to entering the MRI waiting room advising to book in at reception, rather than handwritten on a whiteboard.
- Address more directly the problems around stretcher patients and how best to support them while they wait such as having

food on hand to offer, being trained to check blood sugar, finding capacity for an additional stretcher, etc.

- Imaging assistants to have cannula training and undertake some of the jobs that would take stress off radiographers, which would make the service more efficient.