

Community Diagnostic Centres - Patient Experience in the NHS: A National Study

January 2025

Community Diagnostic Centres Patient Experience in the NHS: A National Study		
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NHS Elect 2025	2	

Executive Summary

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This report presents the findings from the second large-scale Experience-Based Design (EBD) study of Community Diagnostic Centres (CDCs) in England, conducted between October and December 2024. The analysis encompasses feedback from 7,644 patients across 114 CDCs, achieving a notable response rate of 92%. This study represents the second cycle for 86 CDCs, allowing for a comprehensive understanding of patient experiences over time.

The emotional mapping methodology employed in this study focuses on understanding patient emotions at various key touchpoints throughout their healthcare journey, including referral, arrival, waiting, communication, undergoing tests, and leaving the service. This approach facilitates the identification of critical moments that significantly impact patient experiences, enabling targeted improvements in care delivery.

Key findings from the patient survey reveal both positive and negative emotional responses. Notably, the touchpoints of "communication with the team" and "leaving the service" received high satisfaction ratings, indicating positive patient sentiment. Conversely, the stages "referral to the CDC" and "arrival at the CDC" elicited more negative emotions, suggesting areas that require targeted improvements.

Comparative analysis between Cycle 1 and Cycle 2 demonstrates notable enhancements in patient sentiment, indicating a general increase in patient satisfaction over time. Additionally, responses to supplementary questions highlight the need for clearer directions to CDCs and improvements in understanding the information provided during visits, while the majority expressed satisfaction with the environment and facilities.

Overall, the findings underscore the positive experiences reported by patients across CDCs, yet emphasise the need for improvements in specific areas such as the referral process and arrival experience. The emotional maps generated provide a visual representation of patient sentiments, identifying both strengths and opportunities for enhancement in service delivery.

Key Findings:

• Emotional Responses:

- Positive Sentiment: The touchpoints of "communication with the team" and "leaving the service" were rated positively, indicating satisfaction in these areas.
- Negative Sentiment: Conversely, "referral to the CDC" and "arrival at the CDC" elicited more negative emotions, suggesting a need for improvements in these stages.

Cycle Comparisons:

 The analysis contrasts findings between Cycle 1 and Cycle 2, demonstrating improvements in patient sentiment. Cycle 2 results indicate a general enhancement in patient satisfaction compared to the earlier cycle.

Supplementary Questions:

 Patients reported their experiences regarding appointment timing and accessibility, with many expressing the need for clearer directions to CDCs. The majority were satisfied with the environment and facilities, but some raised issues about understanding the information provided during their visits.

Recommendations

To address the identified areas for improvement, the report proposes several recommendations, including enhancing communication strategies, considering accessibility improvements, investing in ongoing staff training, implementing waiting environment enhancements, developing emotional support initiatives for patients, and maintaining high standards of cleanliness and organisation within CDCs.

Next Steps

Moving forward, the CDC programme should prioritise establishing focus groups comprising of patients and staff to collaboratively review the collected results and co-design an improvement plan. Engaging various teams will be crucial in understanding communication processes and facilitating the identification and dissemination of best practices effectively.

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Background

This is the second large-scale Experience-Based Design (EBD) study of Community Diagnostic Centres (CDCs) in England, conducted from October to December 2024. The analysis provides an insightful overview highlighting the patient's experience of care and their interactions with CDCs. A total of 7,644 patients participated across 114 CDCs, yielding a response rate of 92%. This represents the second cycle for 86 CDCs, allowing for a comprehensive understanding of patient experiences over time.

Experience Based Design

Experience-based Design (EBD) is a method of service improvement that focuses on utilising experience rather than attitudes or opinions to gain insights from which opportunities for enhancement can be identified. This approach is particularly effective for placing patients and service users at the centre of the design process.

The EBD approach comprises four phases:

- 1. Capture
- 2. Understand
- 3. Improve
- 4. Measure

Evidence indicates that involving patients and the public in the planning, design, and delivery of health and social care services can lead to more coordinated and efficient services that are more responsive to local community needs. This approach not only helps teams design services that provide a good patient experience, but the methodology also helps identify areas for service improvement and transformation that matter to service users (Phases 1, 2, and 3). Phase 4 employs EBD as an additional dimension of measurement for improvement.

At NHS Elect, we have worked with CDCs across England and co-developed an experiencebased design technique that enables emotional mapping to be conducted at scale across all operational CDCs.

The emotional mapping methodology involved gathering data from patients to understand their emotions at key touchpoints throughout their healthcare journey, including referral, arrival, waiting, communication, undergoing tests, and leaving the service. This approach facilitates the identification of critical moments impacting patient experiences, enabling targeted improvements in care delivery.

Methods

Emotional mapping methodology in Experience-Based Design (EBD) involves gathering data from patients to understand their emotional responses at key touchpoints on their healthcare journey.

Touchpoints are defined as common moments or processes in a typical service user journey that trigger an emotional response. For this CDC study, touchpoints were co-designed with a representative development team during the EBD pilot in 2023.

The Six CDC touchpoints are:

- Referral to the CDC: thoughts or feelings and emotions when referred
- Arrival at the CDC: arriving, parking, reception
- Waiting to be seen: the waiting room
- Communication with the team: communication whilst in the CDC
- Undergoing the test: Phlebotomy / Scan / X-ray / Echo
- Leaving the service: leaving when the test is complete

The Key steps in this study include:

- 1. Data Collection: Gathering qualitative and quantitative data through surveys and interviews to understand patient emotions at various stages.
- 2. Emotional Mapping: Creating visual representations to illustrate emotional states (positive, negative, neutral) at key touchpoints like referral, arrival, and tests.
- 3. Analysis: Identifying patterns in emotional responses to pinpoint critical moments impacting patient experiences.
- 4. Feedback and reports: Using these insights to improve patient care and service delivery

Each CDC that participated generated a local report. You can see these results collated as a national view in the next section.

Results – Patients/Service Users

How Service Users Feel

The emotional mapping results from Wave 2 reflect the experiences of 7,644 patients and illustrate that patients report a positive experience of care in CDCs. Key findings include:

• Emotional Responses:

- Positive Sentiment: The touchpoints of "communication with the team" and
 "leaving the service" were rated positively, indicating satisfaction in these areas.
- Negative Sentiment: Conversely, "referral to the CDC" and "arrival at the CDC" elicited more negative emotions, suggesting a need for improvements in these stages.

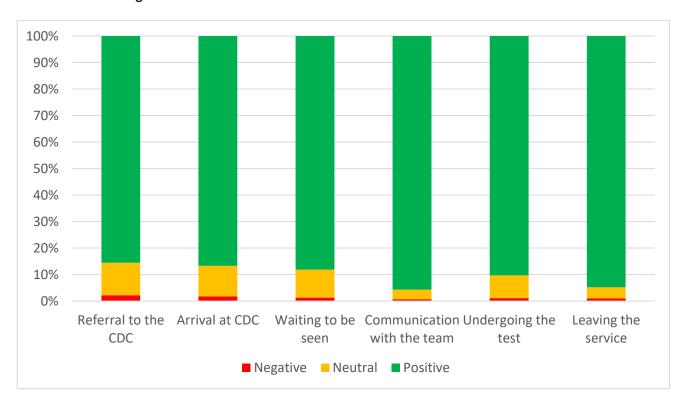


Figure 1: Emotional map showing the percentage of positive, neutral, and negative emojis selected at each of the 6 touchpoints, along with direct quotes taken from comments to annotate the chart (N= 7644)*

^{*}Emotional maps allow for easy visual comparison of positive, neutral, or negative responses toward various touchpoints.

Cycle Comparisons:

The number of sites participating in EBD increased in the 2024 study. In this study, the majority of sites (86 sites, 6039 responses) were completing their second cycle of EBD. This allowed the programme team to compare cycles 1 and 2 to understand if the patient experience had improved following cycle 1. This analysis compares the cycle 1 and cycle 2 results for sites that have participated in two cycles of EBD. Cycle 2 results indicate a general enhancement in patient experience compared to the earlier cycle (see Figure 2)

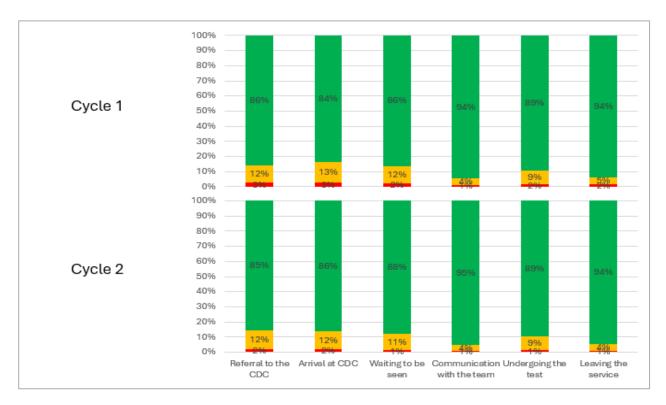


Figure 2: Cycle 1 vs Cycle 2 comparison for sites participating in both cycles of EBD.

Emotions felt across the six touchpoints

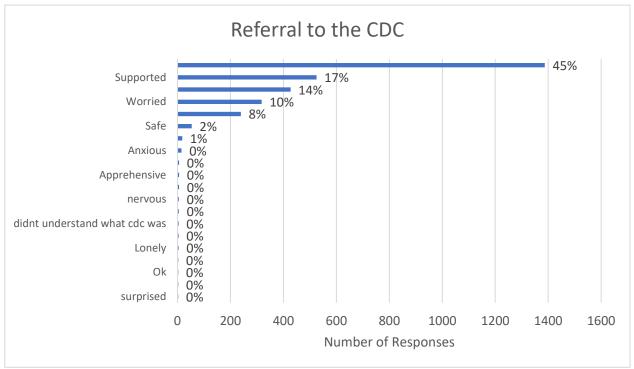


Figure 3*: The top 20 emotional words selected to describe the service user's experience upon referral to the CDC

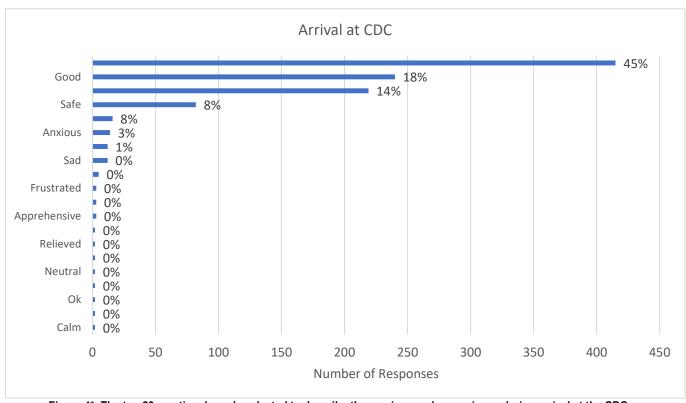


Figure 4*: The top 20 emotional words selected to describe the service user's experience during arrival at the CDC

^{*}Percentages shown in the graph are rounded to the nearest whole number; all of the unrounded percentages add up to 100%

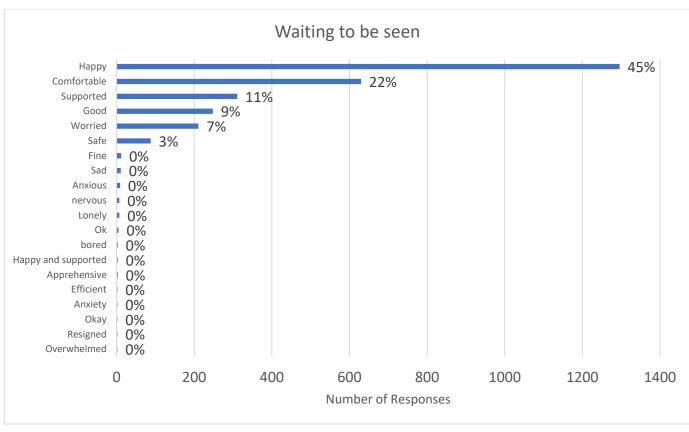


Figure 5*: The top 20 emotional words selected to describe the service user's experience when waiting to be seen

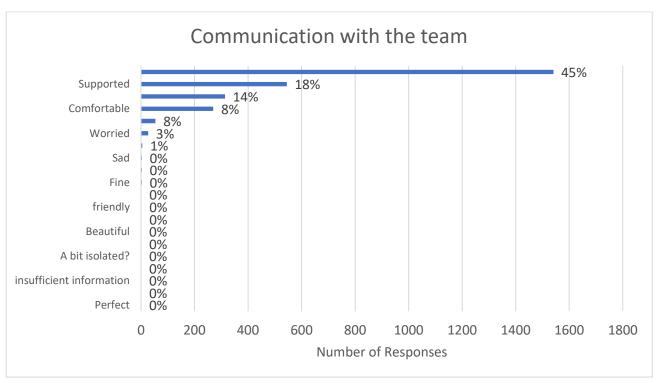


Figure 6*: The top 20 emotional words selected to describe the service user's experience when communicating with the team

^{*}Percentages shown in the graph are rounded to the nearest whole number; all of the unrounded percentages add up to 100%

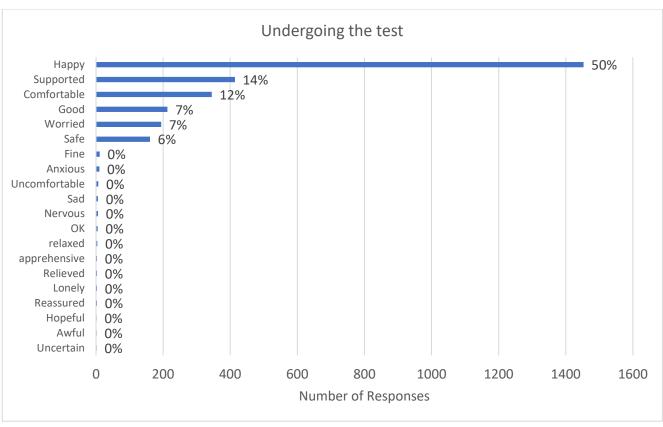


Figure 7*: The top 20 emotional words selected to describe the service user's experience when undergoing the test

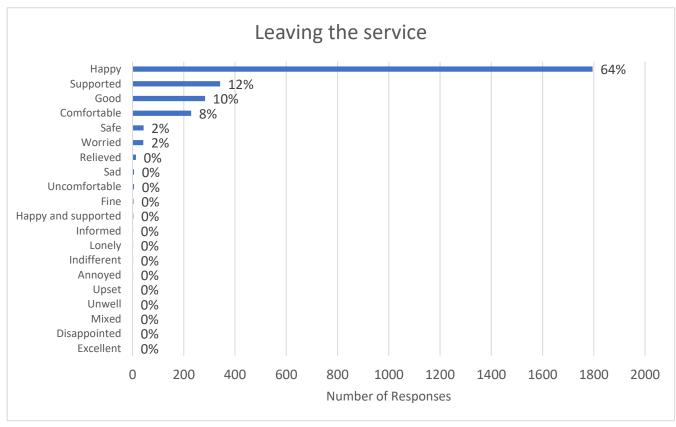


Figure 8*: The top 20 emotional words selected to describe the service user's experience when leaving the service

Percentages shown in the graph are rounded to the nearest whole number; all of the unrounded percentages add up to 100%

Supplementary questions - Thumbs Up/Thumbs Down

A range of supplementary questions were asked to understand the effectiveness of service delivery. The questions were designed to be closed questions with yes or no answers. In the application, patients selected a 'thumbs up' to indicate a positive response and a 'thumbs down' to indicate a negative one. The supplementary questions were:

Was your appointment on time?

Was the CDC easy to find?

Were you able to access the CDC easily?

Were you happy with the environment and facilities?

Did you understand the information provided during your visit?

Did you understand next steps?

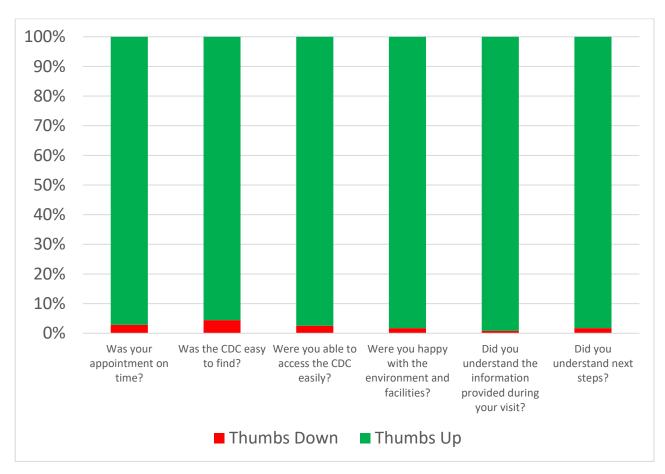


Figure 9: The proportion of "thumbs up" (green) and "thumbs down" (red) responses to the six supplementary questions along the X-axis

Operational questions

Additionally, patients were asked three multiple-choice questions to understand wait times, the number of tests completed per visit and the effectiveness of communication.

Wait Times

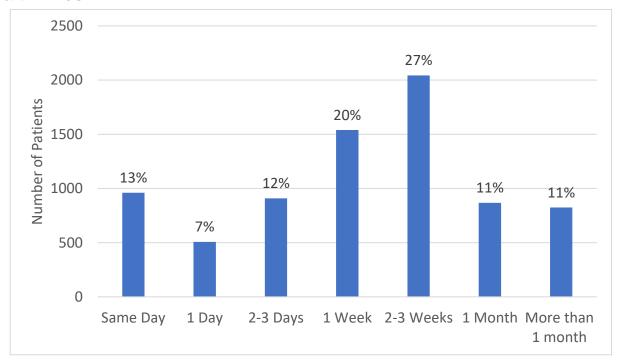


Figure 10*: The length of time service users waited for their appointment at the CDC with data labels showing the percentage of all service users waiting that length of time

Number of Tests

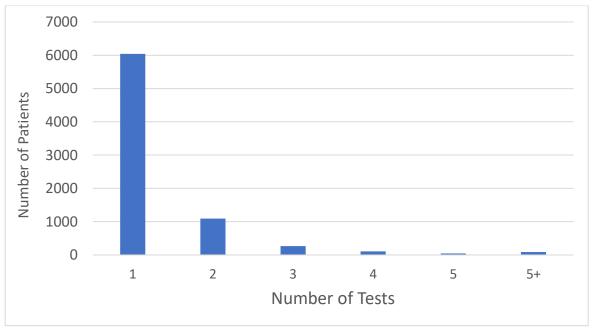


Figure 11: The number of tests service users received during their appointment at the CDC

^{*}Percentages shown in the graph are rounded to the nearest whole number; all of the unrounded percentages add up to 100%

Type of Tests

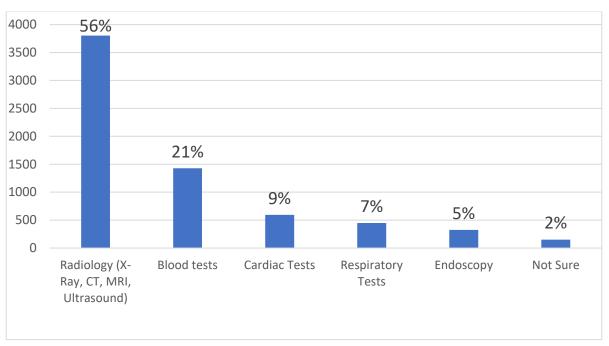


Figure 12: The type of tests service users received during their appointment at the CDC with data labels showing the percentage of all service users receiving that type of test

Analysis of Comments

At each stage of data collection patients were invited to provide additional information as comments. The themes from these comments and a selection of direct quotes from patients are shown below.

Referral to the CDC

- 1. **Convenient Location**: Patients appreciated the CDC's proximity to their homes and the ease of access, including parking.
 - "The CDC is closer to me."
 - "Happy as the CDC is near my house."
 - "CDC is close by, easy to park and very quick service."
- 2. **Positive Staff Interactions**: Comments highlighted the professionalism, kindness, and supportiveness of the staff, making patients feel reassured and comfortable.
 - o "Staff are so welcoming and kind, very helpful never been treated so well."
 - "The nurses who helped me talked me through what was going to happen and what to expect. They were very kind and patient and made me feel at ease."
 - "Wonderful staff were so welcoming and the radiology staff kept checking I was ok (MRI scan)."
- 3. **Quick and Efficient Service**: Patients mentioned the promptness of their appointments and the overall efficiency of the service provided.
 - o "The appointment, surprisingly, was quite quick from the previous one."
 - o "Happy to be seen so quickly and efficiently."
 - "Very quick service."

Arrival at the CDC

- 1. **Proximity and Accessibility**: Patients mentioned that the CDC was close to their homes or easy to get to.
 - "Happy as it is 10 minutes from my house,"
 - o "Close to home"
 - "Easy to get to and free parking"
- 2. **Staff and Service Quality**: Comments praised the staff and the quality of service. Patients appreciated the friendly and professional demeanour of the staff.
 - "Staff were excellent"
 - "Nice to see smiling faces"
 - "Staff were very helpful and welcoming"
- 3. **Feelings of Anxiety and Relief**: Patients expressed feelings of anxiety or nervousness about their appointments, but also relief and happiness once they were seen. Comments such as
 - o "Anxious"
 - "Feeling a bit anxious"
 - "Happy to be seen"

Waiting to be seen

- 1. Short Wait Times: Patients appreciated not having to wait long, being seen early, or being seen quickly.
 - o "Did not have to wait long even though we were early for the appointment."
 - o "I came an hour early and was seen early."
 - "Happy as I waited less than 2 minutes."
- 2. **Friendly and Supportive Staff:** Comments highlighted the friendliness, helpfulness, and supportive nature of the staff.
 - o "Staff were very knowledgeable and put me at ease."
 - o "Very friendly staff, made me feel welcome and had a chat with me."
 - "The gentleman had a chat with us, made us feel welcomed and offered us some water."
- 3. **Comfortable Environment:** Patients mentioned feeling comfortable, safe, and at ease in the waiting area and overall environment.
 - o "Nice pleasant waiting area."
 - o "It was a bright and clean waiting area."
 - o "Comfortable, safe environment."

Communicating with the team

- 1. Informative and Clear Communication: Patients mentioned that the staff and clinicians were informative and explained everything clearly.
 - o "Clinicians were very clear and informative."
 - "Everything was explained well and everyone was friendly and welcoming."
 - "Staff were good and explained everything well."
- Friendly and Polite Staff: Patients appreciated the friendliness and politeness of the staff.
 - "Very friendly."
 - "Staff were very friendly."
 - "Everyone is nice, smiley, welcoming and helpful from the moment we walked into the building until we left. Great team!"
- **3. Professional and Helpful:** Patients highlighted the professionalism and helpfulness of the staff.
 - "Very professional and polite."
 - o "Staff were very professional, helpful and interested in the patients."
 - "Staff were excellent, polite and courteous."

Undergoing the test

- Feeling Calm and at Ease: Patients mentioned feeling calm and at ease during their medical tests. This theme highlights the importance of a supportive and reassuring environment created by clinicians. Patients appreciated the efforts made by the staff to ensure they felt comfortable and relaxed.
 - "Clinician put me at ease."
 - o "Was fine she put me at ease. Explained what was going to happen."
 - "Made to feel comfortable and at ease."
- 2. Informative and Clear Explanations: Patients noted the value of receiving clear and thorough explanations about their procedures. This theme underscores the significance of effective communication in alleviating anxiety and ensuring patients understand what to expect during their tests.
 - "Clinician was really nice and explained very well."
 - o "Everything was explained well, so was at ease."
 - o "Clinicians explained everything to me so I felt calmer."
- **3. Familiarity with the Procedure:** Familiarity with the medical tests was a theme among patients. Those who had undergone similar procedures before felt more at ease and confident. This theme emphasises the comfort that comes from knowing what to expect and having previous experience with the tests.
 - "Was fine as regular appts."
 - o "I have regular tests and am familiar with it."
 - "This is a regular yearly appt, so knew what to expect."

Leaving the service

- 1. Happiness/Relief to be Leaving: Patients expressed a sense of happiness and relief upon completing their appointments and being able to leave the CDC.
 - o "Happy now that I'm leaving and can go and visit my wife in the hospital."
 - "Happy to be going home."
 - o "Glad to go home."
- **2. Positive Experience with Staff:** Patients mentioned the helpfulness and professionalism of the staff. Positive interactions with staff members significantly contributed to their overall satisfaction with the service, making them feel supported, respected, and understood.
 - o "Everyone was very helpful."
 - o "Feeling fine and the staff very professional."
 - "The staff were very good and smiled and helped me as my English is not very good and I speak Arabic, but they made the effort to try to understand."

- 3. Quick and Efficient Service: The efficiency and speed of the service were highlighted by patients. Quick appointments and minimal waiting times helped reduce anxiety and made the overall experience more pleasant.
 - o "As it was quick and easy, and the staff were all nice."
 - o "Was done quickly."
 - o "Nice and quick, so not so anxious. Glad to go home."

Improvement Ideas

Throughout the CDC journey patients were invited to share their ideas on what could be done to improve their experience of care. The ideas shared have been themed and listed below.

Referral to the CDC

- Better Communication: Enhanced communication about referrals and test expectations is important.
- Accessibility: Suggestions include closer CDC locations and extended appointment hours to improve access.

Arriving at the CDC

- Signage: Improved signposting and advance information about parking and navigation are needed.
- Customer Service: Friendly and informative staff interactions are vital.
- Reducing Anxiety: Creating a calm environment and offering reassurance can help alleviate patient anxiety.

Waiting to be Seen

- Check-In Process: Clearer instructions for the check-in process and regular updates on waiting times are needed.
- Welcoming Environment: A more inviting waiting area with calming elements is recommended.
- Emotional Support: Encouraging staff engagement and having volunteers available for support can improve patient experience.

Communication

- Clear Explanations: Better communication throughout medical procedures, with reassurance and engaging interactions, is essential.
- Professionalism: Continuous staff training to maintain empathy and professionalism is crucial.
- Comfort: Providing emotional support to enhance patient comfort during visits is necessary.

Leaving the Service

- Communication: Patients seek clearer updates on test results and next steps, including timely notifications about cancellations.
- Emotional Support: Increased emotional support is needed, especially for upset patients, along with better privacy measures.
- Facilities: Improvements in parking, food options, and toilet facilities are recommended.

Overall themes

- Positive Patient Sentiment: Many patients reported feelings of happiness during their journey and relief at the end of their visits, indicating overall positive experiences with the CDC.
- Enhanced Communication Efforts: Feedback shows that patients appreciated staff efforts to communicate clearly about appointments and procedures.
- Accessibility and Convenience: Patients valued the CDC's proximity and ease of access, with some suggestions for closer locations or extended hours for greater convenience.
- **Exceptional Staff Interactions**: The professionalism and kindness of the staff received widespread praise throughout the patient journey, significantly contributing to patient comfort and satisfaction.
- Improved Waiting Experience: Patients enjoyed short wait times and expressed satisfaction with service efficiency, though there is mention of a need to improve the waiting environment at some sites.
- **Emotional Support**: Acknowledgment of the need for emotional support particularly during intimate tests, presents an opportunity to strengthen the patient-focused approach.
- **Facility Strengths**: Positive remarks on cleanliness and organisation contribute to patients' overall comfort and satisfaction.
- Comparison of Cycle 1 and Cycle 2: Cycle 2 showed improvements in patient sentiment and satisfaction compared to Cycle 1, suggesting effective use of feedback in the Cycle 1 report to enhance care.

Conclusion

The findings of this study underscore the overall positive experiences reported by patients across CDCs. While many patients felt happy and supported during their visits, areas such as the referral process and arrival experience require targeted improvements. The emotional maps created from the data provide a visual representation of patient sentiments, highlighting both strengths and opportunities for enhancement in service delivery.

This highlights the critical importance of patient feedback in shaping the services provided by Community Diagnostic Centres (CDCs) and health services in general.

Throughout the patient journey, from the referral process to leaving the service, several key areas for improvement have been identified. Patients expressed a clear desire for enhanced communication, emotional support, and greater accessibility, all of which are essential for improving their overall experience.

The suggestions made show the need for a patient-centred approach, ensuring that care is not only clinically effective but also emotionally supportive and responsive to individual needs. By prioritising the implementation of these improvements, CDCs can foster a more welcoming and reassuring environment that promotes patient satisfaction and well-being.

Incorporating these insights into practice will not only enhance the quality of care delivered but will also build a foundation of trust and engagement between patients and healthcare providers. As CDCs move forward, continuous evaluation and adaptation based on patient experiences will be key to achieving sustained improvements in service delivery.

Recommended Next Steps

As the CDC programme progresses, we will focus on forming collaborative groups that include both patients and staff members. These groups will work together to examine the insights gathered and develop a tailored improvement plan locally that addresses the key issues highlighted in their individual studies.

There are local reports for each CDC and these are utilised by local teams to co-develop next steps designed to improve the patient experience effectively. This approach enables each centre to respond to the distinct needs and concerns of its patient community.

Themes identified from the collated results nationally are:

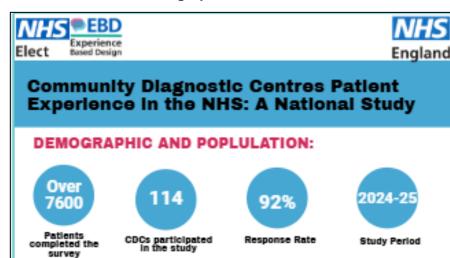
- **Enhance Communication**: Continue to focus on improving communication to further improve the patient experience.
- Address Accessibility: Consider implementing suggestions for closer locations and extended hours to improve convenience.
- **Staff Training**: Invest in ongoing training to maintain high standards of professionalism and supportiveness among staff.
- **Waiting Environment Improvements**: Enhance the waiting experience by providing regular information updates and improving the physical environment.
- Emotional Support Initiatives: Develop programmes and training for staff to support patient anxieties.
- Maintain Facility Standards: Ensure continuous attention to cleanliness and organisation within the CDC.
- Ongoing Feedback Monitoring: Regularly assess patient feedback to sustain positive trends and make necessary adjustments in the patient journey.

References

- 1. Richards M (2020) Diagnostics: recovery and renewal report of the Independent Review of Diagnostic Services for NHS England (NHS England).
- 2. Donetto S, Tsianakas V, Robert G. (2014) Using Experience-based Co-design (EBCD) to improve the quality of healthcare: mapping where we are now and establishing future directions. London: King's College London, 5-7.

Appendix A

Patient EBD Wave II Infographic:



KEY FINDINGS:

- Emotional Responses:
 - Positive Sentiment: The touchpoints of "communication with the team" and
 "leaving the service" were rated positively, indicating satisfaction in these areas.
 - Negative Sentiment: Conversely, "referral to the CDC" and "arrival at the CDC" elicited more negative emotions, suggesting a need for improvements in these stages.
- Cycle Comparisons:
 - The analysis contrasts findings between Cycle 1 and Cycle 2, demonstrating improvements in patient sentiment. Cycle 2 results indicate a general enhancement in patient satisfaction compared to the earlier cycle.
- Supplementary Questions:
 - Patients reported their experiences regarding appointment timing and accessibility, with many expressing the need for clearer directions to CDCs. The majority were satisfied with the environment and facilities, but some raised issues about understanding the information provided during their visits.

RECOMMENDATIONS AT A GLANCE:

To address the identified areas for improvement, the report proposes several recommendations including:

- 1. Enhancing communication strategies
- 2. Considering accessibility improvements
- 3. Investing in ongoing staff training
- 4. implementing waiting environment enhancements
- 5. developing emotional support initiatives for patients
- 6. maintaining high standards of cleanliness and organisation within CDCs.

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