



# Bexhill Community Diagnostic Centre

#have  
your  
say

## Enter and View Report

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# 1.0 Introduction

## 1.1 Background

[Healthwatch East Sussex \(HWES\)](#) is the local independent watchdog for health and social care services. We gather feedback from local residents and make recommendations to change services for the better.

Setting up Community Diagnostic Centres (CDCs) is a flagship policy for the NHS and crucial part of the [elective care recovery plan](#). CDCs aim to transform diagnostics in England by reducing the pressure on acute services, ringfencing resources for elective diagnostics, and increasing diagnostic capacity.

Little is known about the patient experience of CDCs as they are new services and no one has yet investigated people's experiences of using them. Bexhill CDC opened in March 2023, and NHS England started publishing statistics on the performance of CDCs from March 2023.

East Sussex Healthcare NHS Trust (ESHT) are keen to find out how patients are experiencing the new service at Bexhill CDC. This has coincided with a Healthwatch England project to investigate people's experiences of CDCs.

## 1.2 National Context

The NHS is struggling to meet key diagnostic targets. Since February 2017 the [NHS has not met its target](#) for 99% of patients waiting for less than 6 weeks for a diagnostic test at a national level. Demand for diagnostic tests is increasing. The Kings Fund estimate that [over 85%](#) of all clinical pathways involve the use of a diagnostic test, and 6% of the total health budget is spent on diagnostics.

The 5 years prior to the pandemic [saw yearly increases](#) (4%–5%) for endoscopy, ultrasound and dual-energy X-ray absorptiometry (DEXA), and rates of 7% or higher for computed tomography (CT). It is expected that [demand will continue to increase](#) over the next five years due to the expansion of indications for the use of these tests, particularly in acute settings.

When compared to comparable countries, the UK has the [third lowest level of CT and MRI scanners](#) per capita, and lags behind other countries for cancer survival rates. [The Health Foundation](#) has highlighted the need to improve diagnostic capacity and performance.

### 1.3 Aims and Outcomes

Through this project Healthwatch East Sussex wanted to understand what works well, for whom, and what could be improved at Bexhill CDC.

Our research explored different aspects of the patient experience, feeding into the national Healthwatch England evaluation of CDCs, including:

- Accessibility
- Expectations
- Choice
- Quality

The Healthwatch England component of the Enter and View visit identified the following outcomes for the national project:

Outcome 1: Better understanding of people's experiences of CDCs – who has benefitted from their roll-out and what could be improved.

Outcome 2: Decision-makers consider our insight and recommendations when establishing future CDCs or making broader changes to diagnostic services.

Outcome 3: Decision-making implement improvements to CDCs based on our insight and recommendations.

Outcome 4: People using CDC's have better experiences.

Working in partnership with ESHT, the Enter and View completed by Healthwatch East Sussex also aimed to achieve the following outcome:

**Outcome 5: Better understanding of staff experiences of working at Bexhill CDC.**

### 1.4 Acknowledgements

Healthwatch East Sussex would like to thank staff at East Sussex Healthcare NHS Trust (ESHT) for their assistance with preparing for our Enter and View visit to Bexhill CDC, and to staff working at Bexhill CDC for supporting our accessibility audit and survey activity during our visit. We would also like to thank our Healthwatch volunteers for their assistance with speaking to patients and staff and completing our audits and surveys.

## 2.0 Methodology

Healthwatch East Sussex completed an Enter and View visit to Bexhill CDC in February 2024 to investigate the on-the-ground experiences of patients and staff.

Healthwatch England provided templates for an accessibility audit (Appendix 1) and suggested interview questions to provide consistency of feedback for the national survey of Community Diagnostic Centres (CDCs).

The interview questions for the visit were informed by the NHS England [monthly diagnostics activity](#) dataset, which captures activity across 15 tests that CDCs may offer.

Healthwatch East Sussex adapted the national interview questions (Appendix 2) following feedback from colleagues at ESHT on the most common tests and scans offered at Bexhill CDC.

Healthwatch East Sussex volunteers visited Bexhill CDC in teams of two or three, with two members of staff, between the hours on 9am and 5pm to complete the visit. The volunteers were met by CDC staff for a tour of the centre prior to the completion of the accessibility audit.

Healthwatch volunteers used the guidance of the NHS England [Fifteen Steps Challenge](#) to record their initial impressions on entering Bexhill CDC using the following headings: welcoming; safe, caring and involving; well organized and calm.

Healthwatch volunteers used the interview questions throughout the day to engage with 27 patients and carers about their experience of accessing Bexhill CDC. The interviews included questions on their experience of the test or scan, their journey to the site, getting their appointment, their expectations, and their views on their protected characteristics.

Consent was obtained from 2 patients willing to be contacted by Healthwatch England so they could include their experience in the national report. This consent was confirmed with a more detailed telephone conversation in the week following the Enter and View visit.

Healthwatch volunteers spoke to 8 members of staff working at Bexhill CDC in their lunch break to seek their views about working at the centre. A simple questionnaire was devised (Appendix 3) to record what staff liked about working at the CDC, what works

well, what could make their working life better, and what would improve the patient journey.

In parallel with our visit, Healthwatch East Sussex ran a short online survey to capture the public's experiences of Bexhill CDC. This ran from 05/02/2024 until 23/02/2024 and was completed by 39 people. The online survey (Appendix 4) was a simplified version of the interview questions but sought additional information on where patients were travelling from, their employment status and satisfaction with their overall experience of Bexhill CDC.

The responses of the 27 people interviewed face-to-face and 39 people who completed the online survey are expressed as percentages in the key findings to support interpretation of the enter and view data. The enter and view data for the patient surveys records more detailed information on the number of responses for each question, and the percentages for each answer given.



## 3.0 Key Findings

- The online survey recorded that 85% of patients were either satisfied or very satisfied with their overall experience of their test of scan at Bexhill CDC. Scrutiny of the survey data suggests this could be higher as 5 respondents selected a response inconsistent with the rest of their feedback.



*There were plenty of parking spaces. The building is easy to access. There are plenty of seats in the waiting room and it was easy to book in. The staff are really pleasant and the place looked clean and cared for."*

- Overall patient satisfaction mirrors the staff survey, as staff rated the centre as 9.5 out of 10 for meeting patients' needs. The staff survey recorded high levels of satisfaction of those working at Bexhill CDC. Staff highlighted the mixture of modalities all on one site, with different specialties working together developing new pathways.
- All the data from the accessibility audit, fifteen step challenge, patient and staff surveys identified the quality of the facilities at Bexhill CDC as a significant factor in the patient experience. From a patient perspective, the centre is accessible, clean, calm and welcoming. For staff working at the site, the clinical areas are fit for purpose, designed with the patient and procedure in mind.
- The patient surveys identified that an overwhelming majority of people (89%) travel to Bexhill CDC by car, and 77% of journeys take less than half an hour. This may reflect that 41% of respondents to the online survey were registered with GPs in Bexhill. A total of 92% of patients reported that Bexhill CDC was a convenient location, and there were no response differences based on people's age or employment status.
- The free parking adjacent to the centre is highly valued by patients and contributes to a less stressful experience when attending for diagnostic tests or scans. The accessibility audit and fifteen step challenge identified that there are no parking bays for disabled people who have a Blue Badge. One disabled

adult fed back that they had to walk the full length of the car park. There is also currently no designated drop-off point for people arriving by taxi or non-emergency patient transport.



*No disabled parking bays so ended up with a long walk from the far end of the car park."*

- The accessibility audit identified there are limited public transport links to Bexhill CDC. There is a 5-minute walk to a bus stop for a very limited community bus service, or a 10-minute walk to the main bus stop for a more regular Stagecoach service. The train stations are both approximately a 15-minute walk to the centre. This may partly explain the reliance on cars for patients and staff. The staff survey also highlighted awareness of the limited public transport options for patients and staff colleagues.
- The accessibility audit and fifteen step challenge recorded the use of pictorial signage on the toilet door and clear signage in the clinical areas. It was also noted that there is no suspended ceiling signage to the patient toilets in reception, or to the waiting area for phlebotomy. These observations were confirmed in some of the feedback from patient surveys. It was also noted that there is no clock in the reception area.
- The accessibility audit and fifteen step challenge identified there is limited patient information in reception and the waiting area. There is a customer feedback form, but there is no information on who is working at Bexhill CDC or the NHS complaints procedure.
- The patient surveys identified that 94% of respondents reported a waiting time of less than 6 weeks for their diagnostic test or scan. A significant majority of patients (73%) were seen within 2 weeks of their referral. The surveys identified 4 patients waiting more than 6 weeks for Echocardiography (ECG) 3 of which were referred by Cardiology at Eastbourne District General Hospital. These patient appointments would be included in the monitoring by NHS England.

- The face-to-face patient surveys identified 4 patients were waiting for additional tests or scans. The blood tests for 2 patients could potentially have been completed on the same day as their appointment.
- More than half of the people (55%) who completed the patient survey reported being offered a choice about the date and time of their appointment. This flexibility was highlighted as a positive in the patient feedback. Fewer patients reported being offered a choice about the location of their test or scan, but when asked about the most important consideration for them 63% of this cohort identified the waiting time as more important than the location of their test or scan. For 2 patients the quality of care they received at Bexhill CDC was the most important consideration.
- The patient surveys identified that at least 70% of patient appointments were on time at Bexhill CDC. This figure is likely to be an underestimate of appointments on time, as some data is missing from patients who left immediately after their test or scan. The patient feedback confirms that the majority of appointments are on time and people experience the centre as an efficient well-functioning service.
- The patient surveys identified that a majority of people (63%) are informed what will happen next after their appointment. A small number of people are not aware of what will happen next, and this was reflected in some qualitative patient feedback.
- The patient surveys identified that there is increasing awareness of Community Diagnostic Centres, and more than half of the people we spoke to now have positive expectations of attending Bexhill CDC. There is still a significant minority of people (36%) who have not heard of CDC's. The staff survey also highlighted that although the patients have a map attached to their appointment letters, most of them don't check it and many still go to Bexhill Hospital for their test or scan.



*Very happy with the staff and they made a difficult situation so easy...staff at this centre are obviously experts in the field. Clean building and friendly staff. I was very impressed.*

## 4.0 Recommendations

1. We recommend that ESHT provide clearly identified disabled parking bays in the car park at Bexhill CDC so patients who hold a Blue Badge walk a short distance to the reception and waiting area. It is also recommended that ESHT consider introducing a patient drop off point in the car park, so patients arriving by taxi or non-emergency patient transport have a clearly identified area to be dropped off and picked up.
2. If further plans are developed for Community Diagnostic Centres in Eastbourne, Hastings, Wealden or Lewes then it would be helpful for ESHT to consider how accessible sites are by public transport for both patients and staff. The community buses in Bexhill could potentially increase their frequency and divert their route to call directly at Bexhill CDC before returning to Terminus Road.
3. We recommend that suspended ceiling signage be installed in the reception area to help patients identify where the patient toilets are, with additional signage in the waiting area to the phlebotomy waiting area
4. We recommend that Bexhill CDC consider installing a patient information board and electronic patient feedback centre. It may be helpful to record further feedback on patients' positive experiences of the Bexhill CDC to help promote this service to the wider public.
5. We recommend that CDC reception staff ask patients if they are waiting for blood tests (or any other diagnostic tests) on their arrival at reception, rather than expecting patients to communicate this to reception staff. This would identify some patients who could have their diagnostic tests at the same time, which is one of the aims of Community Diagnostic Centres.
6. Patients very much appreciate being offered a choice of date and time for their appointment. The survey data suggests that they don't mind travelling to another area if the waiting time for their diagnostic test is shorter, even if they would prefer a diagnostic test in a location closer to where they live. We recommend that ESHT

consider how this insight could apply to the delivery of other health services.

7. A small number of patients are waiting over 6 weeks for their Echocardiography (ECG) diagnostic tests, most of which were referred by Cardiology at Eastbourne District General Hospital. These patients do not meet the NHS England target of waiting for less than 6 weeks for a diagnostic test. We recommend that ESHT consider whether any further actions could help target patients waiting for ECG diagnostic tests.

8. There are a small number of patients who do not know the next steps following their diagnostic tests or scans. We recommended that CDC staff consider how they communicate the next steps and follow up after patients' diagnostic visit, including who is responsible for subsequent clinical decision making.

9. We recommend that ESHT consider investing in further publicity of the location of Bexhill CDC to address the issue of patients confusing it with Bexhill Hospital, potentially utilising the positive feedback of patients using the Bexhill CDC service, and the attributes of the site.

10. We recommend that health staff visiting Bexhill CDC are reminded to use the free public car park on Beeching Close rather than the patient car park.

11. Healthwatch East Sussex will consider following up this enter and view visit in the future. The methodology of this visit will inform our future enter and view activity, and this report will be shared with Healthwatch England to facilitate learning from this process.



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