The Royal College of Pathologists
Pathology: the science behind the cure

An update from England's Community Diagnostic Centre Programme

The NHS is bringing diagnostic services to the community setting.

Published: 17 July 2025 **Author:** Community Diagnostic Centre Programme and Pathology Pillar teams
Read time: 7 Mins

Community Diagnostic Centres provide convenient, accessible diagnostic services to patients in community-based settings. The CDC and Pathology Pillar teams at NHS England report on how the programme has improved health outcomes, efficiency and equality of access.

The national Community Diagnostic Centre (CDC) Programme is now in its fourth year and has approved 170 permanent CDC sites across England. As of April 2025, 169 sites are operational in a variety of settings, including shopping centres, university campuses and football stadiums. Of these, 150 are operating from their permanent CDC building and the rest from temporary capacity while the CDC build is completed.

A radical overhaul

The CDC Programme was introduced in response to recommendations made in Professor Sir Mike Richards' 2020 review, *Diagnostics: Recovery and Renewal*, which highlighted the need for a radical overhaul of diagnostic services in England. The COVID-19 pandemic further exposed significant pressures on diagnostics, creating backlogs and delays in care. CDCs were established to tackle these challenges.

Key aims of the CDC Programme

CDCs deliver additional digitally connected diagnostic capacity in England. They provide all patients with a coordinated set of diagnostic tests in the community and in as few visits as possible, enabling an accurate and fast diagnosis on a range of clinical pathways. By providing a

broad range of elective diagnostics away from acute facilities, they reduce pressure on hospitals and give patients quicker and more convenient access to tests. CDCs coordinate all the diagnostic tests a patient requires and, wherever possible, provide them under one roof in a single visit. Core diagnostic modalities delivered through CDCs include imaging (MRI, CT, ultrasound, X-ray), physiological measurements (cardiology, respiratory), pathology (phlebotomy, point-of-care testing) and endoscopy.

The overarching aim of the CDC Programme is to provide faster, more accessible diagnostic services outside of the acute hospital setting, creating convenient community spaces that are accessible. In this way, CDCs support:

- improved population health outcomes
- increased diagnostic capacity
- improved productivity and efficiency
- reduction in health inequalities
- improved patient experience
- support for the integration of care.

Types of CDC

CDCs broadly fall into 3 categories.

- Standard CDCs: Standalone facilities offering at least the full suite of diagnostic services as described by core diagnostic modalities (excluding endoscopy).
- Large CDCs: Deliver all the core tests required in a CDC, often at scale, and also include endoscopy services.
- Spokes: An approved facility in a community healthcare, commercial or other non-acute healthcare provider setting that offers a smaller test range to support local needs.

Pathology in the CDC

Pathology services are a crucial element of the CDC model. Through pathology networks, a broad and comprehensive range of tests can be made available to support clinical decision-making across care settings. Phlebotomy is recognised as a core service within CDCs.

There remains a significant opportunity to further integrate pathology capabilities within CDCs. This includes implementing rapid point-of-care testing; CDCs delivered over 96,000 point-of-care tests in 2024–2025 as well as continuing to establish direct connections to central laboratories for processing on-site samples taken in CDCs. Enhancing access to both sample collection and testing supports faster turnaround times and more efficient diagnostic pathways.

By situating phlebotomy, point-of-care testing and the collection of patient samples in accessible, community-based locations, CDCs help streamline testing workflows. They leverage existing hospital laboratory capacity while deploying rapid testing technologies to reduce delays and enable quicker clinical decision-making. This approach promotes proactive, patient-centred care by delivering vital diagnostics closer to where people live, offering greater convenience and better health outcomes.

Growth and future expansion

Since its inception, the CDC Programme has expanded rapidly. As of the end of March 2025, 14.7 million tests had been carried out since the programme started in July 2021. The growth of CDCs has contributed significantly to reduced diagnostic waiting times and improved patient experience, particularly for routine and elective referrals.

There are 1.63 million people waiting for the 15 major diagnostic tests and demand is rising. NHS England committed to at least 92% of patients waiting no longer than 18 weeks from referral to treatment. The focus for CDCs is now ensuring that all sites achieve full operationality as soon as possible, offering services for 12 hours per day, 7 days a week and delivering same-day tests (i.e. all tests carried out on the same day for the patient in one visit), where possible, to meet optimal patient access requirements.

The future direction of the CDC Programme extends beyond physical infrastructure to focus on pathway transformation, integrated diagnostics and service innovation. As CDCs operationalise, we must broaden opportunities to optimise clinical pathways across systems, making full use of CDC infrastructure to support earlier diagnosis and enhance the elective diagnostic experience for patients.

The programme is supporting initiatives that improve timeliness and patient experience to maximise the impact of CDCs – for example, breathlessness pathways now combine spirometry, imaging and blood tests in a single CDC visit, enabling faster, more coordinated clinical decision-making. Similar redesigns – supported by multidisciplinary collaboration and digital interoperability – are underway across gynaecology, gastroenterology, urology, and ear, nose and throat. Pilot sites have delivered impressive results in terms of reducing the time from referral to diagnosis, completing all tests on the same day and reducing the need for onward outpatient referral.

Governance, accreditation and quality assurance

Quality is a vital component of the CDC Programme. Accreditation and quality schemes are used to evaluate the quality of services and improve performance and patient outcomes by adhering to established quality standards. The core standards currently include Royal College of Radiologists/College of Radiographers for Quality Standard for Imaging or UK Accreditation Service (UKAS) for imaging, Joint Advisory Group on Gastrointestinal Endoscopy for endoscopy, Improving Quality in Physiological Services for physiological science and UKAS ISO 15189:2022 for pathology.

The programme recommends that the governance arrangements for CDCs reflect those of the host organisation and corresponding integrated care boards and, where possible, are mapped to imaging and pathology networks. CDCs are asked to ensure accreditation is met for their modalities within 2 years of fully operational go-live for all modalities.

The successful delivery of CDCs relies on establishing robust partnerships across secondary, primary and social care sectors. The effectiveness of CDCs is dependent on comprehensive digital connectivity to enable centralised booking, seamless information sharing and interoperability across diagnostic IT systems, thereby supporting clinical pathways and reporting. Innovation must be actively pursued – including through the integration of artificial intelligence and robotic process automation – to optimise scheduling, reduce the incidence of non-attendance and enhance operational efficiency.

CDCs also have a critical role in addressing health inequalities, targeting the unwarranted variations in referral patterns, access, patient experience and outcomes that disproportionately affect disadvantaged communities. Plans to expand existing CDCs and build new ones using 2025–2026 funding awarded at the October 2024 budget are underway. Future investment beyond that will depend on the upcoming Spending Review.

Meet the authors

COMMUNITY DIAGNOSTIC CENTRE PROGRAMME AND PATHOLOGY PILLAR TEAMS

Read next

Point-of-care testing – a national picture

17 JULY 2025

Quality assurance principles in point-of-care testing – a pragmatic perspective

17 JULY 2025

Point-of-care testing in psychiatry: A real-life case study of successful implementation at the Maudsley Hospital with Professor David Taylor

17 JULY 2025

Return to July 2025 Bulletin

The Royal College of Pathologists
6 Alie Street
London E1 8QT
Map and directions
Tel: +44 (0) 20 7451 6700

Email: info@rcpath.org