

A new, integrated approach to endoscopy capacity

Returning to the diagnostic constitutional standard

Why endoscopy capacity must expand faster

Executive summary

Across England, restoring NHS constitutional performance standards has become one of the defining priorities for the health system. Among the most critical of these is the commitment that patients should receive key diagnostic tests within six weeks.

This standard is monitored through the **NHS Diagnostics Waiting Times and Activity dataset (DM01)**, which tracks waiting times for fifteen major diagnostic tests, including endoscopy procedures such as gastroscopy, colonoscopy and flexible sigmoidoscopy.

Despite progress in increasing diagnostic activity, the NHS continues to face a significant backlog. Around **1.7 million patients are currently waiting for a diagnostic test**, with more than **360,000 waiting longer than six weeks**, far above the constitutional standard.

Expanding diagnostic capacity is therefore essential to restoring performance. National policy has focused on initiatives such as Community Diagnostic Centres (CDCs), pathway redesign and improved productivity. However, while imaging services have expanded rapidly, endoscopy remains one of the most constrained areas of diagnostic provision.

Endoscopy sits at the intersection of cancer diagnosis, gastrointestinal disease management and national screening programmes. Demand continues to rise, driven by demographic change, cancer pathways and the expansion of bowel cancer screening.

At the same time, endoscopy services are constrained by estate limitations, workforce shortages and complex infection prevention requirements. Expanding capacity in this area therefore requires innovative approaches to infrastructure, workforce and service delivery.

This white paper examines why endoscopy capacity must expand more rapidly if the NHS is to return to constitutional diagnostic standards. It explores the current diagnostic recovery challenge, the structural constraints affecting endoscopy services, and the role of flexible infrastructure and integrated service models in accelerating capacity growth.

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The policy context: restoring diagnostic standards

The NHS Constitution includes a commitment that patients should receive diagnostic tests within six weeks of referral. This standard is measured through the **DM01 diagnostic waiting times dataset**, which covers fifteen key diagnostic modalities including imaging, physiological tests and endoscopy.

Historically, the NHS performed strongly against this measure. Between 2012 and 2013 the proportion of patients waiting longer than six weeks fell to around one per cent, effectively meeting the constitutional target.

However, performance has deteriorated in recent years. Waiting times began to rise gradually during the 2010s and increased dramatically during the COVID-19 pandemic when large volumes of elective and diagnostic activity were paused.

At the height of the pandemic in 2020, more than half of patients were waiting longer than six weeks for a diagnostic test. Although activity has since recovered, the system has not yet returned to pre-pandemic levels.

In response, the NHS has set out a multi-year recovery plan aimed at restoring constitutional standards. Interim targets include:

- ◆ reducing the proportion of patients waiting more than six weeks for a diagnostic test
- ◆ increasing overall diagnostic activity
- ◆ improving productivity across diagnostic services

Achieving these targets will require both operational improvements and sustained expansion of diagnostic capacity.

The national diagnostic backlog

Diagnostic activity across England has grown significantly in recent years. The NHS now delivers **around 2.4 million diagnostic tests every month**, representing a substantial increase compared with pre-pandemic levels.

Despite this progress, demand continues to outpace capacity. As of early 2025:

- ◆ approximately **1.7 million patients were waiting for diagnostic tests**
- ◆ more than **360,000 had been waiting longer than six weeks**

Although these figures represent improvement compared with the pandemic peak, they remain far above the constitutional standard.

Delays in diagnostic testing have significant implications for patient outcomes and system performance. Diagnostics are a critical step within many clinical pathways, particularly for cancer.

When diagnostic services are constrained, delays cascade through the healthcare system. Patients wait longer for diagnosis, treatment begins later, and overall waiting lists increase.

Reducing diagnostic delays is therefore essential not only for improving patient experience but also for restoring wider NHS performance standards.

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Community Diagnostic Centres: expanding access

One of the most important national responses to the diagnostic backlog has been the rollout of **Community Diagnostic Centres (CDCs)**.

These centres provide diagnostic tests in community locations outside traditional hospital environments. By separating diagnostics from acute hospital activity, CDCs aim to increase capacity while improving access for patients.

The government committed to establishing a network of CDCs across England as part of the diagnostic recovery programme. By 2025, more than 160 CDC sites were operational, delivering millions of additional diagnostic tests.

These centres provide a range of diagnostic services including:

- ◆ CT and MRI imaging
- ◆ ultrasound investigations
- ◆ physiological tests
- ◆ pathology services

Many larger centres also include endoscopy facilities.

The CDC programme offers several advantages. Locating diagnostics in community settings reduces pressure on hospitals, improves patient access and enables more flexible operating hours.

However, while CDCs have expanded imaging capacity significantly, endoscopy remains one of the most challenging diagnostic services to scale.



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Why endoscopy is uniquely constrained

Endoscopy plays a central role in modern healthcare. Procedures such as gastroscopy and colonoscopy are essential for diagnosing gastrointestinal diseases, detecting cancers and managing long-term conditions.

Yet expanding endoscopy services presents a series of operational challenges.

Estate limitations

Many hospital endoscopy units were designed for lower levels of activity and cannot easily accommodate additional procedure rooms. Expanding services within existing hospital estates often requires major capital investment and long construction timelines.

Infection prevention requirements

Endoscopy procedures use flexible endoscopes that require complex decontamination processes. Strict infection prevention standards govern how equipment is cleaned, stored and reused.

These requirements mean that endoscopy facilities must include specialised decontamination infrastructure, increasing the complexity of building new units.

Workforce shortages

Endoscopy services rely on skilled multidisciplinary teams including consultants, specialist nurses and decontamination technicians.

Workforce shortages across the NHS limit the ability of hospitals to expand activity even where additional facilities exist.

Procedure complexity

Endoscopy procedures require patient preparation, sedation and recovery time. These factors limit the number of procedures that can be safely performed within a clinical session.

Taken together, these constraints mean that endoscopy capacity cannot be expanded as easily as many other diagnostic services.

Rising demand for endoscopy

While supply remains constrained, demand for endoscopy services continues to increase.

Several major drivers are contributing to this trend.

Cancer diagnosis

Endoscopy procedures are essential for diagnosing gastrointestinal cancers, including colorectal and upper gastrointestinal malignancies.

The NHS Faster Diagnosis Standard requires patients referred with suspected cancer to receive a diagnosis or have cancer ruled out within 28 days. Achieving this target often depends on timely access to endoscopy services.

Bowel cancer screening

The NHS bowel cancer screening programme has expanded significantly in recent years. Screening invitations are now being extended to adults aged 50 to 74, increasing the number of individuals undergoing faecal immunochemical tests (FIT).

Patients with positive FIT results typically require colonoscopy for further investigation.

Demographic change

Population ageing is also increasing demand for diagnostic services. Many gastrointestinal conditions become more common with age, and national population projections indicate that the number of older adults will continue to rise.

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Case study: Community Diagnostic Centre in Swindon

To address diagnostic demand and improve access to endoscopy services, Great Western Hospitals NHS Foundation Trust partnered with Vanguard Healthcare Solutions to develop a modular Community Diagnostic Centre in Swindon.

The centre was designed to deliver endoscopy services closer to patients' homes while expanding diagnostic capacity across the region.

- ◆ The modular facility includes:
- ◆ two endoscopy procedure rooms
- ◆ six patient preparation and recovery pods
- ◆ consultation rooms and admission areas
- ◆ clinical support facilities

Using modern methods of construction, the facility was manufactured off-site and installed rapidly, reducing construction time and minimising disruption.

annually, significantly increasing diagnostic capacity for the local population.

By relocating services into a community setting, the project also improves patient access and reduces pressure on hospital estates.



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Case study: Fairfield General Hospital endoscopy unit

A second example of innovative endoscopy capacity expansion can be found at Fairfield General Hospital in Bury.

Through the Greater Manchester Elective Reform Programme, regional NHS partners identified the need for additional endoscopy capacity to address rising waiting lists.

Vanguard Healthcare Solutions delivered a modular endoscopy suite located adjacent to the hospital site. The facility includes:

- ◆ two endoscopy procedure rooms
- ◆ six patient recovery bays
- ◆ consultation rooms and clinical support spaces

The unit operates seven days per week and provides procedures including colonoscopy, gastroscopy and flexible sigmoidoscopy.

By serving patients from multiple NHS trusts within the region, the facility has significantly increased endoscopy capacity while reducing waiting times for diagnostic investigations.

By integrating infrastructure, workforce and operational management, this model allows healthcare organisations to increase endoscopy activity without placing additional pressure on existing teams.



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A national opportunity: scaling endoscopy capacity

While individual deployments can significantly improve local services, the potential impact of a coordinated national programme could be substantial.

A two-room endoscopy facility operating seven days per week can typically deliver **6,000–8,000 procedures per year**, depending on operating schedules and case mix.

If a national programme deployed flexible endoscopy facilities across multiple regions, the potential increase in capacity could be significant.

Facilities deployed	Annual procedures
10	60,000–80,000
20	120,000–160,000
30	180,000–240,000

Such an expansion could make a meaningful contribution to reducing diagnostic waiting lists and improving access to investigations.

Building a more resilient diagnostic system

Returning to constitutional diagnostic standards requires more than short-term backlog reduction.

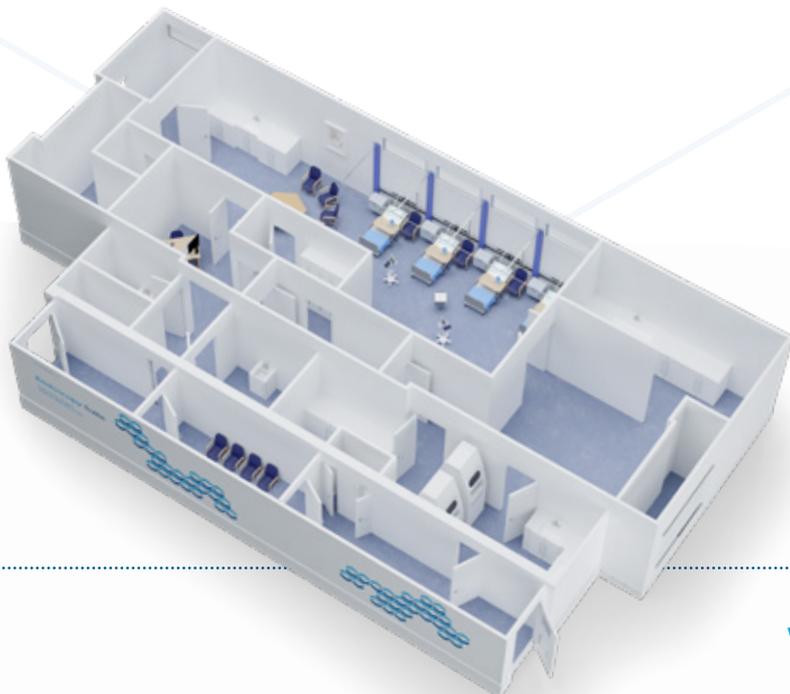
The NHS must build a diagnostic system capable of responding to sustained increases in demand while maintaining high standards of care.

Flexible infrastructure and integrated service models offer a practical route to achieving this.

By enabling rapid deployment of endoscopy facilities, these solutions can help healthcare organisations:

- ◆ increase diagnostic throughput
- ◆ reduce waiting times
- ◆ improve cancer pathway performance
- ◆ provide services closer to patients' homes

Combined with initiatives such as Community Diagnostic Centres and pathway redesign, these approaches can strengthen the resilience of the diagnostic system.



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Conclusion

Diagnostic services are a critical foundation of modern healthcare. Without timely access to investigations, patients cannot receive accurate diagnoses or begin appropriate treatment.

While the NHS has made significant progress in expanding diagnostic capacity, the scale of the backlog means further action is required.

Endoscopy is one of the most important — and most constrained — areas within the diagnostic system. Expanding endoscopy capacity will therefore be essential to restoring constitutional standards and improving patient outcomes.

Innovative approaches to healthcare infrastructure, combined with integrated service models and collaborative partnerships, can help accelerate this expansion.

By embracing these solutions, the NHS can not only reduce waiting lists but also create a more accessible and resilient diagnostic system for the future.



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