Call for evidence from the Commons Select Health and Social Care Committee for the inquiry into 'Delivering Core NHS and Care Services during the Pandemic and Beyond'

Response with respect to diagnostic imaging and interventional radiology capacity from The Royal College of Radiologists, The Society and College of Radiographers and The Institute of Physics and Engineering in Medicine

Introduction

Diagnostic imaging has been central to the management of patients diagnosed with CoViD-19. Clinical imaging and Interventional radiology services have adapted to increases and changes in demand as a result of CoViD-19 and altered patient pathways as well as providing these services for the Nightingale Hospitals. However, as elective services restart there are issues specific to imaging and interventional radiology that will affect the delivery of these services that are an essential component of all diagnostic and treatment pathways, including cancer.

The Royal College of Radiologists (RCR), Society of Radiographers (SCoR), and the Institute of Physics and Engineering in Medicine (IPEM) represent many of the clinicians involved in these diagnostic pathways and we wish to highlight some crucial evidence to the attention of the Health Select Committee. The evidence in relation to medical imaging services given to the Commons Select Health and Social Care Committee on 01/05/2020 by the National Cancer Director, stating that "*we have the available workforce and now have the available kit*" runs contrary to our data and experience. There are, in fact, continuing shortages of staff and equipment that could threaten patient safety. This situation needs to be addressed as a matter of urgency.

Equipment demand and capacity

The 2019 funding initiative for diagnostic imaging equipment[i] was extremely welcome and has gone a long way to replace outdated machines with modern scanners capable of imaging patients more efficiently and safely with a reduction in levels of ionising radiation. However, it did not include any provision for Nuclear Medicine imaging – in particular PET/CT scanners which are an important part of staging and monitoring responses to cancer treatment. While the injection of funds for equipment was extremely important, the UK also started from a low baseline, with fewer scanners of all types than the majority of comparative OECD countries[ii].

The CoViD-19 pandemic required a rapid assessment of demand and capacity of imaging services in England, carried out by NHSE/I (via the National Imaging Optimisation Delivery Board) and assisted by the professional bodies submitting this evidence. Additional scanning equipment (ultrasound, X-ray and CT scanners) was then arranged to be deployed to both the Nightingale Hospitals and trust hospitals flagged as having inadequate capacity to cope with a potential surge. However, as much of this equipment was sourced directly from the independent sector, it is not a long-term solution to the lack of imaging facilities in

general - especially considering the requirement to provide separate access for CoViD-19 negative patients.

In addition, the immediate recovery plans that have to take account of strict infection control protocols such as cleaning of scanning equipment between patients, have already significantly reduced scanner capacity. Preliminary estimates from the NHSE/I CoViD Imaging Cell suggest that this will result in approximately a 20% reduction in MRI capacity and 50% reduction in CT capacity in comparison with pre CoViD-19 levels.

Staffing

The RCR annual workforce census[iii], which has 100% response rate, documents the continuing shortage of diagnostic and interventional radiologists who are integral to the diagnosis, treatment and follow up of cancer patients, as well as numerous other conditions. The IPEM 2018 workforce survey[iv] shows an 11.6% vacancy rate in clinical scientists and 12.8 % for technologists. SCoR also document an approximate 10% deficit in the radiographic workforce[v] prior to the pandemic. These workforce shortages will be compounded by the requirement to shield vulnerable staff from face-to-face contact.

In order to clear the backlog of imaging that has accrued due to the pausing of many diagnostic services, departments will have to remain open for longer hours, 7 days a week for the foreseeable future. This would place untenable pressure on staff. It is highly likely that there will be an unmanageable workload post-peak as patients resume treatment and begin to feel safer in seeking out help for diagnosis of potentially worrying symptoms. Significant delays in imaging for cancer pathways will also arise - including limited capacity for image guided biopsies and image guided treatment.

With the workforce census findings from the RCR, IPEM and SCoR as noted above, it is clear that departments will become quickly overwhelmed, risking a dangerous increase in waiting lists that may not be cleared until well into next year, at detriment to patient care.

Services and critical dependencies

Imaging and image guided intervention is integral to all patient pathways and requires careful consideration in all recovery plans as services recommence in order not to disadvantage any patient groups.

For example, imaging must be included in any discussions over the reorganisation of cancer services that will provide 'clean' hubs for treatment. The patient pathway often requires this CoViD-19 vulnerable group to access varied and complex imaging investigations before, during and after treatment in order to provide them with the best chance possible of surviving their cancer.

In conclusion, without sufficient equipment and staffing, restarting imaging services for all conditions including cancer, at the volume and pace required, will fail. RCR, IPEM and SCoR are therefore seeking support and commitment to further develop rapid access diagnostic

centres[vi] across the country that better affords access to services in the community, bringing imaging closer to patients' homes. Increasing both availability and convenience to patients in this way will also underpin and enable national screening projects such as the new Lung Health Check[vii].

[i] https://www.supplychain.nhs.uk/news-article/nhs-england-funding-injecting-200-million-into-aged-asset-replacement/

[ii] OECD/European Union (2016), *Health at a Glance: Europe 2016: State of Health in the EU Cycle*, OECD Publishing, Paris, https://doi.org/10.1787/9789264265592-en.

[iii] The Royal College of Radiologists. *Clinical radiology UK workforce census 2019*. London: The Royal College of Radiologists, 2019.

[iv] https://www.ipem.ac.uk/TrainingWorkforce/WorkforceIntelligence.aspx

[v] Society and College of Radiographers. *Diagnostic Radiography UK Workforce Report 2018*. London: Society and College of Radiographers, 2019.

[vi] NHS UK – Available at: www.longtermplan.nhs.uk/case-studies/rapid-access-diagnostic-clinic/ [Accessed on 06.05.2020]

[vii] https://www.england.nhs.uk/wp-content/uploads/2019/02/targeted-lung-health-checks-standard-protocol-v1.pdf