

Written evidence submitted by Royal College of Radiologists

About the RCR

1. The Royal College of Radiologists (RCR) is the professional membership body for doctors specialising in the fields of clinical radiology (including interventional radiology) and clinical oncology. We provide leadership to improve the standard of medical practice and training across both disciplines.
2. We engage with our Fellows, members and multiple clinical partners, combining the latest research to improve training and the development of guidelines to support clinical radiology and clinical oncology patient care. This enables us to effectively educate and support doctors throughout their career by providing practical guidance and supporting individuals and their clinical services to facilitate better patient outcomes.

Introduction

3. NHS England (NHSE) has already made considerable progress in reducing the number of long waits.¹ Cancer waiting times on the hand, as demonstrated by the number of patients meeting the operational standard for the 62-day from urgent referral target, continue to worsen.²
4. Against this backdrop, NHSE recently moved into the second phase of the Elective Recovery Plan. We welcome them putting an equal focus during the remainder of the financial year on elective recovery and cancer waiting times.³ The elevation of cancer to such a priority is of direct relevance to our members. As NHSE's July 2022 letter states, "... 85% of patients waiting more than 62 days are awaiting diagnostics..." and that "... clinically, the speed of disease progression in many cases means that days really do matter..." As detailed further below, these and other areas will experience added pressure this winter, ultimately leading to a further delay in the recovery of health services.
5. Our specialties play a front and central role in helping to manage these backlogs of care:
 - a. Together with a patient's GP, an oncologist is often the key medical contact for a cancer patient, as these consultants can be involved in managing and overseeing treatment from beginning to end. They work with a multidisciplinary team of other doctors and clinical staff to diagnose, treat and support patients. Clinical oncologists (CO) sit at the heart of cancer treatment. These specialist doctors are one of the major non-surgical specialties involved in managing cancer, including with chemotherapy as well as radiotherapy – a component of half of cancer treatments – which can only be prescribed by clinical oncologists.
 - b. Clinical radiologists (CR) are specialist doctors who are trained to read and interpret medical images in order to diagnose, treat and monitor diseases and

¹ NHS England, "NHS marks milestone in recovery plan as longest waits virtually eliminated" (09 August 2022). Available at <<https://www.england.nhs.uk/2022/08/nhs-marks-milestone-in-recovery-plan-as-longest-waits-virtually-eliminated/>> (last accessed 09 November 2022).

² NHS England, "Q1 Cancer Waiting Times Quarterly Commentary (Provider based) Provisional" (11 August 2022), p. 10. Available at <<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2022/08/Q1-Cancer-Waiting-Times-Quarterly-Commentary-Provider-based-Provisional.pdf>>

³ NHS England, "Next steps in the recovery of elective services" (25 July 2022). Available at <https://www.england.nhs.uk/wp-content/uploads/2022/07/B1881_Next-steps-in-the-recovery-of-elective-services_July-2022.pdf>

injuries. They do this using a range of imaging techniques, including X-ray, ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET) and molecular imaging. Many radiologists will undertake further training to specialise and become experts in areas such as breast, lung and paediatric or interventional radiology. They can also work as 'generalists', meaning they work on all hospital imaging, as well as doing some interventional work. CRs are also leaders of imaging teams, they run patient clinics and prepare patients for surgery.

6. Pressure on staff and the system is exacerbated during winter. Patients who are already ill with cancer are more vulnerable to infections and other illnesses which are more common in winter. Staff can also be diverted away to deal with the many people presenting to hospital with other diseases which need urgent treatment. Support for staff, including our specialties, is therefore critical to address expected winter challenges, heightened pressure from this specific winter (detailed below) and backlog/waiting time objectives referred to above.
7. The data below comes from survey results from our Insight Panel. This is a group of doctors, made up of RCR Fellows and members, both practising and retired, who have agreed to respond to surveys from the RCR. We recently ran a survey on the issues facing our two specialties over this winter and what responses they would like to see the government enact to mitigate these.⁴

Preparedness for the winter

8. The poll revealed over three in every four (79%) of our members in England are highly concerned that this winter will be the most difficult on record for the NHS. Across the two specialties, more than half (58%) feel unprepared for the anticipated winter pressures. This went up to 67% for responding clinical oncologists.

Impact on services from winter pressures

9. Our doctors believe a range of critical patient and staff metrics will be negatively impacted by the unprecedented pressure this winter will bring. Specifically, 77% believe elective/pandemic recovery will be impacted and almost every doctor surveyed (93%) said patients would be left waiting longer for diagnostics.
10. There are grave fears over the effects caused by such delays. More than two thirds of our members (68%) felt that in the event of a difficult winter, potentially preventable deaths will occur. Furthermore, seven in ten (71%) believed stage 1 and stage 2 cancer diagnoses would be negatively impacted. As with NHSE, we recognise the importance of early cancer diagnoses. A global study found that a treatment delay of four weeks is associated with a 6-13% increase in the risk of death. Delays of up to twelve weeks further increase this risk.⁵

Impact on staff from winter pressures

⁴ Royal College of Radiologists (RCR), "This winter set to be most difficult on record with patients waiting longer for diagnosis, says RCR" (07 November 2022). Available at <<https://www.rcr.ac.uk/posts/winter-set-be-most-difficult-record-patients-waiting-longer-diagnosis-says-rcr>> (last accessed 09 November 2022).

⁵ Hanna T P et al. Mortality due to cancer treatment delay: systematic review and meta-analysis *BMJ* 2020; 371:m4087. doi: <https://doi.org/10.1136/bmj.m4087>

11. The anxiety and other pressures on staff resulting from this situation are clear. Three of the top four patient and staff metrics due to be negatively impacted this winter revolve around staff concerns. Almost every surveyed doctor said workforce morale (98%), sickness absence rates (96%) and workforce wellbeing (95%) will deteriorate over the winter.

Sustainably recovering services and beyond

12. The biggest issue facing our specialties is workforce shortages. From our internationally respected census work, we know that in England, there was a 17% shortfall of clinical oncologists in 2021 (translating to 163 whole-time equivalents). Without investment, the shortfall is estimated to rise to 26% by 2026 (translating to 317 whole time equivalents).⁶ For clinical radiologists, there was a 30% shortfall in 2021 (translating to 1,453 whole-time equivalents). Without investment, this shortfall is estimated to rise to 39% by 2026 (translating to 2,707 whole time equivalents).⁷ A lack of staff directly impacts patient outcomes as seen through rising waiting lists for examinations and treatment, staff burnout and more costly treatment. We therefore believe the recovery of services in the long-term will depend on investment in the workforce.

13. Despite their best efforts amidst a confluence of pressures – coming from the pandemic, winter pressures outlined above, other systemic and environmental factors – doctors are reaching a breaking point. Ultimately, this may also contribute to greater numbers of health workers leaving the NHS, at a time when we should be increasing numbers.

14. Our members are united in what they believe the government's highest priority needs to be, if it is serious about addressing near-term and future winter pressures, and thereby the recovery of elective services and cancer waiting times as well. With the support of 92% of our members in England, the RCR urges the government to commit to a fully costed and funded healthcare workforce plan.

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⁶ RCR, "RCR Clinical oncology census report 2021" (2022), p. 11. Available at <https://www.rcr.ac.uk/sites/default/files/documents/clinical_oncology_census_report_2021.pdf>

⁷ RCR, "RCR Clinical radiology census report 2021" (2022), p. 13. Available at <https://www.rcr.ac.uk/sites/default/files/clinical_radiology_census_report_2021.pdf>