

Diagnostic radiology – our patients are still waiting ...

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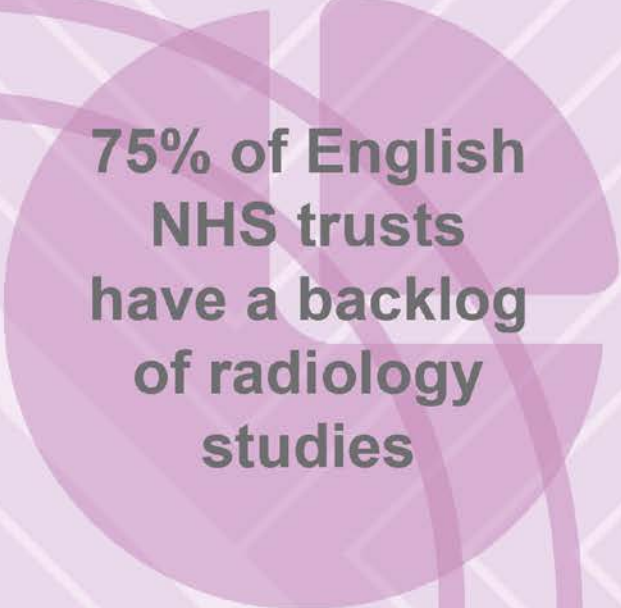
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Main messages



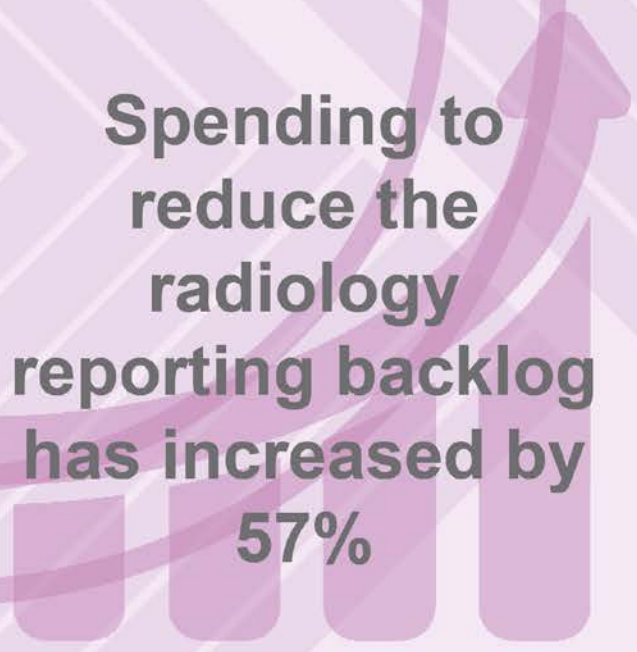
230,000 patients are waiting far too long for their results



75% of English NHS trusts have a backlog of radiology studies



Money spent to contain the backlog could pay 900 NHS consultant salaries



Spending to reduce the radiology reporting backlog has increased by 57%

Summary and main findings

Prompt diagnosis of serious medical conditions such as cancer is essential to give patients the best chance of cure. A delay in interpretation of X-rays, computed tomography (CT) and magnetic resonance imaging (MRI) scans by radiologists can delay treatment and lead to poor outcomes for patients.

The Royal College of Radiologists (RCR) has carried out a series of surveys to monitor the extent and volume of diagnostic reporting delays in English NHS trusts. Surveys were carried out in February and September 2015 and we now present the findings of the latest survey conducted in England in February 2016. Data was also collected as part of our annual clinical radiology workforce census (which covers the whole UK) on the annual expenditure of NHS radiology departments on additional reporting and outsourcing.¹

NHS patients are feeling the effect of a chronic failure to invest in radiology services. The cost of this failure is enormous and will continue to grow until it is fixed.

The HUMAN COST:

- 230,000 patients are waiting more than a month for test results.
- 12,000 of these patients are waiting for results of CT or MRI scans – tests often carried out to detect or monitor cancer.

The COST TO SOCIETY:

- Patients with cancer in the UK continue to suffer worse outcomes than patients in other similar countries. Much of the difference is due to late diagnosis.

The FINANCIAL COST:

- NHS trusts are spending more and more on costly and inefficient outsourcing to try to plug the gap. The extra spending on radiology reporting in England rose by 50% from £47 million to £73.8 million between 2014 and 2015. This would pay for around 900 extra radiologists if invested in sustainable services.

There is some good news: the number of patients experiencing very long waits for X-ray results has fallen by around 110,000 since our first survey in February 2015, but the number waiting for results of CT and MRI scans has gone up.

Introduction and method

The RCR carried out a survey in February 2016 to identify the number of imaging studies unreported in NHS radiology departments. Clinical directors of these departments in all 155 NHS acute trusts in England were asked the following question:

- On Monday 29 February 2016, how many studies (X-Ray, CT and MRI) in your picture archiving and communications system (PACS) were unreported for 31 days or more?

Responses were received from 126 of the 155 trusts invited to take part in the survey (81%).

As part of the RCR's annual workforce census, all UK radiology departments were also asked to provide a figure for the total annual expenditure on additional payments to radiologists for working outside their contracted hours and outsourcing of radiology reporting. Responses were received from all departments in England.

Results

94 of the 126 NHS acute trusts (75%) who submitted data indicated that some patients were waiting more than 31 days for the report of an X-ray, CT or MRI scan on 29 February 2016 (Table 1). This represents a backlog of 186,808 patients.

Table 1: Number of radiology studies waiting 31 days or more for a report – February 2015, September 2015 and February 2016

Survey	Trusts with studies waiting 31 days or more for a report		Number of studies waiting 31 days or more for a report			
	Number of trusts	% of trusts submitting data	Plain film X-rays	CT	MRI	Total
February 2015	86	71%	257,158	2,883	3,277	263,318
September 2015	93	73%	175,865	5,580	7,438	188,883
February 2016	94	75%	176,909	3,583	6,316	186,808

Extrapolating to take account of those trusts that did not respond to the survey, the total number of patients affected by this backlog would be around 229,804 (Table 2). The extrapolation was calculated using the average (mean) number of unreported studies for the 126 trusts who responded to the survey multiplied by 155 (the number of NHS acute trusts in England). Table 2 compares the figures from the three surveys. There has been a decrease of 32% in the number of radiology studies going unreported for 31 days or more since February 2015 and 12% since September 2015; however, the number of unreported studies remains unacceptably high.

The reduction in the number of unreported studies over the last 12 months has mainly been in relation to plain film X-rays. The number of unreported CT and MRI scans rose in September 2015 and has since fallen, but remains 50% higher than in February 2015.

Table 2: Estimated numbers of radiology studies going unreported for 31 days or more across all 155 NHS acute trusts in England – February 2015, September 2015 and February 2016

	February 2015	September 2015	February 2016
Plain film X-rays	329,417	246,490	217,626
CT	3,693	6,820	4,408
MRI	4,198	8,990	7,770
Total	337,308	262,300	229,804

Data from the 2015 RCR workforce census, presented in Table 3, show that total spending by radiology departments on additional payments to radiologists for work beyond contracted hours and fees paid to outsourcing companies has increased by 57% in just one year, from an estimated £47 million to £73.8 million for the 12 months prior to 31 March 2014 and 2015. In some regions this percentage increase is considerably higher.

Table 3: National and regional spend on additional payments to radiologists working beyond contracted hours and outsourcing work – 2014 and 2015

Region	2014 expenditure (£)	2015 expenditure (£)	% increase
England – East Midlands	2,469,667	4,992,963	102%
England – East of England	5,786,242	8,984,832	55%
England – London	6,000,718	11,946,720	99%
England – North East	1,568,000	5,714,286	264%
England – North West	8,395,962	13,029,008	55%
England – South Central	3,026,636	4,671,318	54%
England – South East	6,249,959	7,547,058	21%
England – South West	3,224,696	3,713,990	15%
England – West Midlands	5,817,030	6,816,252	17%
England – Yorks and Humber	4,457,313	6,343,555	42%
Total	46,996,223	73,759,981	57%

Discussion

The results of the February 2016 survey, together with those from the two previous surveys during 2015, reveal that an increasing proportion (from 71% to 75%) of NHS acute trusts have a backlog of X-rays, CT and MRI scans going unreported for 31 days or more, and the persistent nature of this backlog affects a large number of patients – currently around 230,000.

The impact of these delays is felt not only in the potential for delayed diagnoses of cancer and other serious conditions, but in the anxiety felt by patients, their families and friends while waiting for a diagnosis or for reassurance.

Plans announced by the English National Cancer Transformation Board, charged with implementing *Achieving world-class cancer outcomes* the 2015 English Cancer Strategy, include an ambition to diagnose more cancers at an early stage.² This will mean more patients having more X-rays and scans. If the current capacity shortfall in radiology services is not addressed, the ambitions of the Strategy will not be delivered.³

The volume of the backlog has reduced over the past year. Clinical directors of radiology departments responding to the recent survey commented that there has been increasing reliance on radiologists working beyond their contracted hours and the use of outsourcing to the independent sector to contain and address the backlog. This comes at a substantial financial cost to the NHS. The 2015 expenditure figure is equivalent to the combined annual salaries of around 900 NHS consultants. This resource should not be wasted on costly and inefficient outsourcing but invested now in growing the radiology workforce to ensure that all patients can receive a timely result and to allow services to cope with predictable future growth in demand.

The extent, volume and persistence of the backlog of unreported X-rays, CT and MRI scans, and increasing costs required to contain it point to a systemic problem in the NHS. This problem is a chronic shortage of consultant radiologists.

References

1. The Royal College of Radiologists. *Clinical Radiology UK workforce census report 2014*. London: The Royal College of Radiologists, 2015.
2. Independent Cancer Taskforce. *Achieving world-class cancer outcomes. A strategy for England 2015-2020*. London: Independent Cancer Taskforce, 2015.
3. The Royal College of Radiologists. *Turning the ambition into action. How the Cancer Strategy 2015–2020 can be implemented*. London: The Royal College of Radiologists, 2015.

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