



The Royal College of Radiologists

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*From the Office of the President
Dr Giles Maskell MA FRCP FRCR*

An open letter to the Secretary of State for Health

Rt Hon Jeremy Hunt MP
Secretary of State for Health
Richmond House
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11 May 2015

Dear Secretary of State

First, may I offer you congratulations on your appointment as Secretary of State. The Royal College of Radiologists looks forward to working with you and your ministerial team in the coming weeks and months. We have previously set out our priorities for the new Government but here we reiterate the most important issues.

The development of a new Cancer Strategy for England is also of significant concern and interest to us. We look to your Government to respond positively to and act on the recommendations that the Cancer Taskforce will bring forward in a few weeks – and we would want to see those recommendations implemented fully across all four UK nations.

1. There is an urgent need for a co-ordinated and systematic approach to addressing the UK's chronic deficiency in imaging services

Demand for CT and MRI scans in the NHS has risen by 10%-12% every year for 10 years and there is widespread failure of radiology services to cope. Our survey in February this year showed around 330,000 patients waiting more than a month for the results of their x-rays and scans. This is a scandal and requires an urgent response.

A sustained increase in the number of radiologists in training is the urgent and fundamental requirement. The RCR is ready to play its part and has proposed new networked models of service to make the best use of the current trained radiologist workforce. But significant progress cannot be made while we have around half as many radiologists per head of population as the Western European average with inadequate numbers in training and vacant consultant posts in all parts of the UK.

Without a systematic approach to this severe deficiency, earlier diagnosis of cancer, improved outcomes for cancer patients, seven day working, keeping patients out of hospital and many other laudable policy objectives are simply unachievable.

2. There must be fairer and equitable allocation of resources for cancer treatment

Patients are suffering for lack of access to the modern radiotherapy treatments that they need including stereotactic radiotherapy and proton beam therapy. The delivery of high-quality radiotherapy relies on innovative techniques and their deployment across the UK. ***This requires rapid and sustained action by your Government.***

Research and development in radiotherapy technology, cancer sciences and drug therapy is essential to improve patient survival and experience. ***We hope that your Government will commit to a ten-year programme to restore the UK as an internationally acknowledged world leader in cancer care research and development.***

Patients should be able to access the full range of treatments they need on an equitably and fairly funded basis across the UK. The England-only Cancer Drugs Fund cannot be spent on radiotherapy techniques. Radiotherapy contributes to the cure of 40% of cancer patients yet is only allocated 5% of the overall cancer treatment budget. We wish to see funding mechanisms which provide equitable access to the full range of treatments that cancer patients need introduced across all four UK nations. ***We look forward to your Government implementing this.***

High-quality cancer care can only be achieved with sufficient numbers of clinical oncologists. The demands of the ageing population and the growing number of us who will develop cancer at some point (estimated to be one in two of us by 2020) will present a challenge to the clinical oncology workforce for which careful planning is required. The benefits of earlier diagnosis of cancer will not be realised if there are insufficient cancer specialists to treat these patients. ***We ask you to act on this now.***

3. Interventional radiology treatments must be available at all times to patients at risk of bleeding to death

Interventional radiology (IR) procedures save lives: for example when patients are bleeding - whether from a road traffic accident, a stomach ulcer or after childbirth. The minimally invasive nature of IR means that the risk to patients is lower compared to traditional surgery and health outcomes are improved. The service is patchy, inconsistent and for the patient unreliable. There is an estimated shortfall of 200 consultant interventional radiologists in England. ***Action is needed now to address this shortfall.***

4. Better integration of NHS services is required for the benefit of patients

Recent developments in health policy have led to greater fragmentation of imaging and cancer services. Clinical pathways have become disrupted and patients are frequently undergoing additional tests as a result. This leads to duplication, increased exposure to radiation, delays and worry for patients. ***A reversal of the trend to fragmentation and a concerted move towards integration would help overcome these inefficiencies and improve the experience of patients.***

Radiologists occupy a crucial position at the boundary between community and hospital care. Rapid access to x-ray and scan reports can prevent hospital admission and allow earlier discharge in many situations. Our model for radiology services to form networks of expertise would allow provision of continuous, 24 hour cover across the range of required specialties, smooth capacity demands and gain economies of scale. ***We need your Government to remove the barriers that prevent us making the best of the current workforce and enable and support radiology networks.***

The Royal College of Radiologists has the expertise and advice to offer you and your team as well as a deep commitment to improving services for patients. We look forward to early and productive dialogue on all these issues.

Yours sincerely



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