

The Rt Hon Kwasi Kwarteng MP,
Chancellor of the Exchequer,
HM Treasury,
1 Horse Guards Road,
London SW1A 2HQ

16 September 2022

Cc: Chris Philp MP, Felicity Buchan MP, Beth Russell and Cat Little

Dear Mr Kwarteng,

On behalf of the Royal College of Radiologists (RCR), may I congratulate you on becoming Chancellor of the Exchequer.

The RCR comprises two specialties: clinical radiologists who diagnose, treat, and monitor diseases and injuries by interpreting images and using them to perform minimally invasive procedures; and clinical oncologists who treat patients with cancer using radiotherapy and anti-cancer drugs. These doctors are at the forefront of efforts to tackle the backlog of patients awaiting checks, scans and treatment that has been exacerbated by Covid-19.

To deliver better patient outcomes, we recommend your fiscal statement includes investment to address the impact of the energy crisis; the need for a fully costed and funded workforce plan; and investment to upgrade equipment.

Crucially, Trusts are struggling with stretched budgets being eroded by the energy crisis and inflation. Research from the Institute for Fiscal Studies suggests that cost pressures stemming from rising inflation are cutting departmental spending capacity. To compensate for this loss this year, the NHS Confederation estimates the NHS would need at least an additional £3.4bn.

Similarly, NHS England estimated that rising energy prices would cost an additional £485m this year financial year, compared to what was initially calculated in last December's planning guidance. To ensure that Trusts do not have to sacrifice staff and patient outcomes, you must make up the gap in funding.

Secondly, the NHS needs a fully costed and funded workforce plan. RCR specialties face a workforce shortfall, despite our specialties saving time and money for the NHS. Our workforce censuses found that in England there was a 30% shortfall of clinical radiologists against demand (1,453 consultants) and a 17% shortfall of clinical oncologists (163 consultants). Without further investment, this will increase to 39% (2,707 consultants) and 26% (317 consultants) respectively by 2026 if we factor in rising demand.

Rapid access to diagnostic and interventional radiology often results in better outcomes, shorter hospital stays, and more cost-effective treatment. Similarly, clinical oncologists can bring down the cancer backlog before the next election by ensuring that patients get the cutting-edge radiotherapy and drug treatments that can cure many cancers. Without a workforce plan, outcomes will decline and the promises of new tests and therapies will go unrealised.

We welcomed the 2021 CSR funding agreement which maintained an increase in training places. Research commissioned by the RCR in 2021 showed that sustaining this increase of 110 clinical radiology trainees, 50 clinical oncology trainees and 20 interventional radiology trainees could save the NHS £420 million by 2030. We therefore ask you to continue the increase in training places for clinical radiology and clinical oncology.

Finally, the NHS needs urgent capital investment to upgrade infrastructure and equipment. Right now, efforts to reduce the size of the waiting list are being hindered because of a lack of investment in these areas.

Poor digital infrastructure presents a barrier to efficiencies. New technologies like AI have huge potential but their implementation is being hampered by poor IT systems. Investing in up-to-date systems will improve efficiency, enhance patient safety, and allow us to improve outcomes through innovation.

Equipment must also be a priority. The UK has fewer scanners than most comparable OECD countries – 8.8 CT scanners per million population compared to an OECD average of 25.9 and 7.4 MRI scanners per million population compared to an OECD average of 16.9. Similarly, the age of many of our radiotherapy machines exceeds the recommended 10 years.

Investing in new equipment and implementing a rolling replacement programme would help patients be diagnosed and treated faster and earlier. This would lead to the NHS saving on costs associated with treating more advanced disease.

Ultimately, we know that Prime Minister Truss's priority is to put the NHS on firm footing and secure better outcomes for patients. By investing in the radiology and oncology workforces, including the equipment they need, our members can deliver on this priority while driving efficiencies.

Please contact my team at publicaffairs@rcr.ac.uk if you are interested in further exploring the cost-saving benefits of investing in our doctors at the forefront of tackling the Covid-19 backlog.

In the meantime, I wish you every success in your new role.

Yours sincerely,



Dr Katharine Halliday

President of the Royal College of Radiologists