



Department
of Health

From Ben Gummer MP
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03 SEP 2015

Thank you for your letter of 16th July 2015 following the inquest into the death of Stanley Oliver. I was very sorry to hear of Mr Oliver's death and wish to extend my sincere condolences to his family.

Your concerns in this case focus on the unavailability of gastro-intestinal (GI) Radiologists out of hours (ooh) at the Salford Royal Hospital (SRH) NHS Foundation Trust and the lack of any ooh rotas to ensure that crucial procedures can be carried out on patients ooh and at week-ends.

I note that your letter has been sent to the SRH Trust and I would expect the Trust to fully address these concerns.

You also reveal that the unavailability of ooh GI Radiologists was identified as a national problem at the inquest where evidence showed that there were very few ooh on call rotas for GI Radiologists in UK hospitals.

You have therefore asked that we review and consider the following:-

- availability of ooh GI radiologists to perform crucial procedures;
- provision of ooh rotas within a single Hospital Trust or within a group of Hospital Trusts;
- provision of procedures and protocols to ensure availability of ooh GI Radiologists ; and,
- related training of health professionals in any such procedures and protocols that are established.

Firstly, I would like to advise that the setting of curricular and standards of training for health professionals is the responsibility of the regulatory bodies. In addition, the actual provision of ooh rotas and procedures to ensure availability of radiologists, and the training of staff in such protocols, is a matter for each local NHS Trust.

In order to address your remaining concern, about the availability of ooh GI Radiologists nationally, my officials have liaised with NHS England and Health Education England (HEE) and can provide the following information.

NHS England has advised that both Interventional Radiology (IR) and Gastrointestinal (GI) Radiology are available in UK hospitals.

Gastrointestinal Radiology provides examinations for the gastrointestinal tract, plus advanced examinations for swallowing disorders and incontinence. GI radiologists also undertake interventional procedures involving the liver and GI tract such as drainage procedures for abscesses or obstruction of the liver. Interventional Radiology (IR) refers to a range of techniques which rely on the use radiological image guidance (X-ray fluoroscopy, ultrasound, computed tomography [CT] or magnetic resonance imaging [MRI]) to investigate disease and target therapy precisely. Most IR treatments are minimally invasive alternatives to open and laparoscopic (keyhole) surgery.

The procedure outlined in this case could have been undertaken by either GI or IR radiologists.

IR is important as it provides an essential and often life-saving service and patients who need it should be able to access IR safely, seven days a week. Whilst I can confirm that there are far fewer GI than IR radiologists available, there is no centrally collected data on the availability of GI radiologists either in or out of hours.

Data that has been collected concerning availability of the service is published in the latest fourth survey of IR provision in English Trusts, carried out in 2014 by NHS Improving Quality. The survey shows that, as yet, not all patients have seven day access to IR in the most effective way and a number of hospitals depend on informal and ad-hoc arrangements to deal with their out-of-hours emergencies. However, NHS England has been working with the British Society for Interventional Radiology (BSIR) to improve access to interventional radiology across England in recent years.

Furthermore, in 2013 ten clinical standards for seven day services were developed by the NHS Services, Seven Days a Week Forum, based on guidance developed by Medical Royal colleges and Specialist Societies.

<http://www.england.nhs.uk/ourwork/qual-clin-lead/7-day-week/>

<http://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>

These standards describe the quality of services that patients admitted through urgent and emergency routes should expect on every day of the week. One standard requires that hospital inpatients must have 24 hour access, seven days a week, to consultant-directed interventions, including interventional radiology, either on-site or through formally agreed networked arrangements with clear protocols.

In July 2015, NHS England, Monitor and the Trust Development Authority (TDA) wrote to Trusts asking them to provide information about the extent to which they are delivering services in line with four of the clinical standards that are expected to have the most impact on mortality. One of these is Clinical Standard 8, on Consultant-Directed Interventions. By the end of September 2015 NHS England aim to have a Trust by Trust picture of whether the requirements of the standard are being met which will enable them to offer further support for improvement where needed.

HEE was established to help improve the quality of care delivered to patients by ensuring that our future workforce is available in the right numbers with the right skills, values and competencies to meet patient needs today and tomorrow.

HEE is currently working with key partners to ensure that the NHS has available the right number of trained staff to deliver the current and future demand for diagnostic tests. In particular, HEE will ensure the availability, for example, of sufficient endoscopists to deliver bowel scope screening, while taking account of the wider diagnostic service. In support of this, HEE is setting up a diagnostics workforce steering group, to be chaired by Professor Liz Hughes, Director of Education and Quality, to provide overarching governance.

In June 2014, the Centre for Workforce Intelligence (CfWI) was commissioned by the Department of Health (DH) and HEE to gather evidence on possible shortage occupations within the healthcare sector in England. A review of the Shortage Occupation List (SOL) was completed by the Migration Advisory Committee (MAC) and in April 2015, radiologists were added to the SOL.

The number of posts advertised in any specific year is dependent on the number of trainees successfully completing their training and thereby releasing their National Training Numbers (NTN) and post for a new trainee to fill. Reductions in recruitment numbers in a specific year in no way indicate, on their own, a reduction in the volume of training being commissioned. Over the last two years HEE has increased the number of training places available in radiology and in 2015, 212 training posts were advertised across England with a 100 per cent fill rate. Included in this number were 16 new posts that were established as part of HEE's expansion in the specialty.

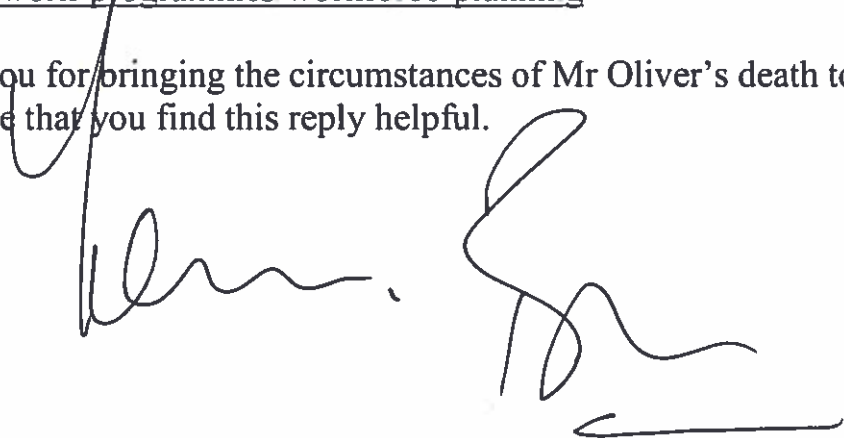
At the last validated stocktake there were 952 clinical radiology trainees in England with a further 61 trainees on a break from training due to maternity leave or 'Out of Programme' learning or research experience. With a 5 year programme, 952 would indicate an average output / intake of 190, although some delays and extensions to training will lower this average number.

This level of training has enabled the consultant radiology workforce to grow by over 70 full time equivalent (fte) posts a year between 2009 and 2013 (from 2278 to 2561 fte).

HEE's proposed education and training commissions for 2015/16 are set out in their second national workforce plan for England. A copy can be found at:

www.hee.nhs.uk/work-programmes/workforce-planning

I am grateful to you for bringing the circumstances of Mr Oliver's death to my attention and hope that you find this reply helpful.

A handwritten signature in black ink, appearing to read 'Ben Gummer', with a long horizontal stroke at the end.

BEN GUMMER