



Department
of Health

POC5 960072

From Ben Gummer MP
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20 OCT 2015

Thank you for your letter of 22nd September 2015, following the inquest into the death of William Harnell. I was extremely sorry to hear of Mr Harnell's death and wish to extend my condolences to his family.

This case highlights delays in the reporting of X-rays at Plymouth Hospitals NHS Trust, an issue that you were advised was a national problem and a direct consequence of a lack of qualified radiologists nationally.

The timely reporting of X-rays is an important issue for patient safety. The Royal College of Radiologists (RCR) recognise this and advise that most X-rays and scans should receive a formal interpretation (report) within two days.

In February 2015, the RCR carried out a survey¹ of NHS Trusts in England to understand the full extent of reporting delays in radiology departments and how long patients are waiting for results of their X-rays and scans.

Key findings showed that whilst Radiology Departments were under pressure to minimise the number of unreported studies or lengthy waits for X-ray results, they faced challenges such as shortages of consultant radiologists, other resourcing issues and ever increasing demand. One of the recommendations in this report, (*directed at Health Education England (HEE) and NHS England*) was that more radiologists are recruited and trained.

¹ https://www.rcr.ac.uk/sites/default/files/publication/Unreported_studies_Feb2015.pdf

In addition, the report by the Independent Cancer Taskforce, *Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020*² recognises there is a shortage of radiologists across the country and makes the following recommendation on this issue:

Recommendation 84: Health Education England should support improvements in the earlier diagnosis of cancer by working with the Royal College of Radiologists (RCR) and diagnostic experts in NHS England to review, on an annual basis, the number of radiology, diagnostic radiographers and nurse endoscopy training positions required to meet projected needs, and act urgently to address these needs.

The Department of Health's (DH) ALBs (including HEE) are considering the recommendations in this cancer strategy, and a response is expected in the autumn.

HEE was established as the body 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 their needs today and tomorrow. However, it is not responsible for setting curricular or the standards of training which is a duty for the regulatory bodies.

My officials have liaised with HEE concerning the lack of radiologists nationally. I can advise that HEE will work with key partners, including the RCR, 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 work with Public Health England and NHS England to ensure the availability, for example, of sufficient supply of qualified radiologists to ensure that X-ray results are reported in a timely manner, while taking account of the wider diagnostic service.

To support this mandate, HEE is supporting a number of actions as part of its diagnostics workforce programme. A diagnostics workforce steering group, to be chaired by Professor Liz Hughes, Director of Education and Quality for London and South East, is being set up to provide overarching governance.

In June 2014, the Centre for Workforce Intelligence (CfWI) was commissioned by 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 SOL.

² http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf

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 have 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 established as part of HEE's expansion in the specialty.

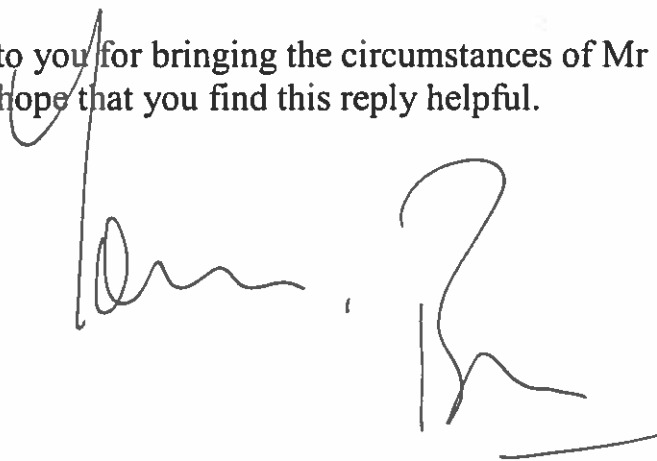
At the last validated stocktake there were 952 clinical radiology trainees in England with a further 61 trainees on a break from training due to maternity leave or 'Out of Programme' learning or research experience. With a 5 year programme 952 would indicate an average output / intake of 190, delays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

This level of training and associated CCT output has enabled the consultant radiology workforce to grow by over 70fte a year between 2009 and 2013. (2278 to 2561- as per HSCIC)

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

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

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

A handwritten signature in black ink, appearing to read 'Ben Gummer', written over a horizontal line.

BEN GUMMER