

# **The Hidden Waiting List:**

**An investigation into hidden  
waiting times for diagnosis in the NHS**



**Paul Burstow MP**  
Shadow Health Secretary

## **1. The key findings**

1.1 We investigated diagnostic services across England and found a catalogue of long delays caused by a lack of modern equipment together with serious recruitment and retention difficulties for radiographers and radiologists.

### **1.2 Long waiting times for routine scans and endoscopies**

- Patients are waiting six months or more in two out of five NHS Trusts for routine MRI scans (used to detect brain tumours, cancers and serious heart conditions). One in twelve Trusts have waiting lists for MRI scans of over one year.
- More than one in ten Trusts report waiting times for CT scans of six months or more (used for the diagnosis of cancers and serious neurological and cardiovascular conditions). Almost a third report waiting times of four months or over.
- Waits for diagnostic ultrasound scans (not including scans taken during pregnancy) are six months or more at almost one in eight Trusts. One in six Trusts have waiting lists of five months or longer for these scans.
- One in seven Trusts report waiting times of five months or over for scans using nuclear medicine (which can detect abnormalities, including tumours, in bones and body tissues).
- Over a quarter of Trusts have waiting lists of six months or longer for all endoscopic investigations. Nearly one in ten had waits of nine months or over.

### **1.3 Recruitment problems leading to long delays**

- Vacancies for diagnostic radiographers have risen by a third since 2000.
- NHS radiologist vacancies have more than doubled in five years.
- Almost nine out of ten Trusts report recruitment problems to be one of the key obstacles to reducing waiting times.
- Three quarters of Trusts have experienced recent difficulties recruiting radiographers.
- More than a third Trusts report problems recruiting radiologists (unprompted).
- Almost a quarter of Trusts cite a lack of “skilled” or “experienced” radiographers.

### **1.4 Shortage of modern equipment**

- Over a third of Trusts cite availability and age of scanner equipment as the one of main obstacles to reducing waiting times.
- Seven respondents specifically cited aging equipment as a factor behind long waiting times
- One in four NHS MRI scanners and almost one in ten CT scans are past their best before date

## 2. Introduction

- 2.1 Waiting for diagnosis is a worrying time. In addition to the pain, debilitating effects of illness and stress, a delayed diagnosis for serious illnesses such as cancer and heart conditions can be life threatening.
- 2.2 Headline figures announced by the Government claim major reductions in waiting times<sup>1</sup>, however these figures are misleading and represent only part of the picture.
- 2.3 The Government's waiting list figures neglect a major part of the patient journey - the time in between referral from a family doctor and diagnosis. The Government's waiting times figures are calculated only, in terms of inpatient waits, from the time a decision is taken to admit a patient to hospitals to the date the patient is admitted for treatment. And outpatient waiting times are calculated from the receipt of a written GP referral request to the first out patient attendance.
- 2.4 The long waits that many patients have to endure before they receive a diagnosis have appeared on no Government figures. They have fallen off the radar and have onto what even John Reid admits are hidden waiting lists<sup>2</sup>.
- 2.5 This year the Government set a target that by 2008 no patient will have to wait longer than 18 weeks from GP referral to treatment - in effect finally acknowledging the existence of these hidden waiting lists.
- 2.6 It has recently set some milestones for achieving this target for Primary Care Trusts, with a maximum waiting time of 26 weeks by 2006 and 13 weeks by 2007 for MRI or CT scans. Maximum waiting times for all other procedures should not exceed 13 weeks by 2007.
- 2.7 But the Government does not know how many patients are waiting for diagnostic tests or for how long. It has failed to put into place a system of routinely collecting data from hospitals recording the time patients are waiting for scans and endoscopies. Without accurate and reliable data, proper planning to reduce diagnostic waiting times is impossible.
- 2.8 In an attempt to assess the extent of the hidden waiting lists I have conducted a survey of clinical directors of 158 NHS Trusts throughout England. This survey requested data on waiting times for diagnostic procedures and the professional's views on what the main obstacles are to cutting these waiting lists. We received survey responses from 73 NHS Trusts, a response rate of 46%.
- 2.9 This report highlights the extent of these hidden waiting lists – and outlines just how far the Government has to go in four years to reverse the current situation.

---

<sup>1</sup> Government figures indicate that maximum waiting times from final diagnosis to treatment have been cut from a maximum of over 18 months in 1997 to nine months in 2004.

<sup>2</sup> From a statement by John Reid to the House of Commons, 24<sup>th</sup> June 2004:

“I can also tell the House today that under that new programme we will limit the whole patient journey from GP referral through out-patients and diagnostic tests and finally to treatment. There will be no more hidden waits—[*Interruption.*]—the hidden waits that extended to years under the last Government.”

### 3. Diagnostic waiting times

- 3.1 A key area of diagnostics in any modern health care system is diagnostic imaging. Scans such as x-rays, ultra-sound, and the more sophisticated CT and MRI scans are used to take images of tissue, bone or blood vessels.
- 3.2 Endoscopies are a procedure in which a narrow lighted tube is inserted into the body to enable doctors to assess the internal organs without major invasive surgery, and requiring a shorter recovery period.
- 3.3 However, there is no published information on waiting times for these diagnostic procedures, unless you are an urgent referral covered by the two-week cancer target. This means that the Government have no idea how long patients are waiting for important scans or endoscopies to detect and assess dangerous conditions such as head injuries and heart disease, and even, despite their own targets, to detect cancer<sup>3</sup>.

#### 3.4 MRI scans

- 3.4.4 One of the key pieces of capital equipment in any hospital is an MRI scanner. Magnetic Resonance Imaging (MRI) uses strong magnetic fields to demonstrate the soft tissues of the body and is used in creating images of the brain, spinal canal and joints.
- 3.4.5 Recent technological developments mean that MRI is being used increasingly in the assessment of cancer patients and when imaging the blood vessels. In the last six years the number of MRI scans has increased by 66%.<sup>4</sup>
- 3.4.6 **My survey found that 39% of NHS Trusts reported patients waiting 6 months or over for MRI scans. 8% reported waiting lists of over one year.**
- 3.4.7 **This indicates that patients may be waiting over 6 months for MRIs at 61 NHS Trusts, if my finding was to be extrapolated across all trusts using this type of scanning equipment<sup>5</sup>.**

#### 3.5 CT scans

- 3.5.1 Computerised tomography (CT) scanners take multi-layered X-rays using a single beam to generate an image of parts of the body, brought together to form a 3-dimensional image using a computer. CT is particularly useful for investigating suspected head injury or neurological conditions; diagnosis and staging of cancers; screening for and assessing cardiac disease and assessing osteoporosis.
- 3.5.2 The number of diagnostic CT scans has increased by 51% in six years.<sup>6</sup>

---

<sup>3</sup> According to findings by the Audit Commission and Breakthrough Breast Cancer. See points 6.2.5 and 6.2.6 in this report.

<sup>4</sup> Parliamentary answer to Paul Burstow MP, 25 May 2004: *Column 1596-7W* See Appendix C Table 1

<sup>5</sup> Parliamentary answer to Paul Burstow, 4<sup>th</sup> November 2004, c396-6W, shows that there are 158 NHS Trusts with MRI scanners.

<sup>6</sup> Parliamentary answer to Paul Burstow MP, 25 May 2004: *Column 1596-7W* See Appendix C Table 1

**3.5.3 29% of my survey respondents reported waiting times of 4 months or over for CT scans and 14% show CT scan waits of over 6 months.**

**3.5.4 This would mean that patients are waiting over 4 months for routine CT scans at 49 hospital trusts if my survey findings were extrapolated to all Trusts with CT scanners<sup>7</sup>.**

### **3.6 Nuclear medicine**

3.6.1 Nuclear medicine is another non invasive way in which doctors can obtain images of the inside of the body - using radioactive substances combined with computers and detectors. Nuclear medicine looks at both the functioning and the anatomy of the body in establishing diagnosis and treatment, and is used in the diagnosis of cancer, heart disease and stroke, amongst other conditions.

**3.6.2 14% of Trusts report waiting times of 5 months or over for scans using nuclear medicine.**

### **3.7 Ultrasound**

3.7.1 Ultrasound uses high frequency sound waves and their echoes to reproduce images of the body. A probe can be moved along the surface of the body and angled to obtain various views, or inserted into various openings in the body to get closer to the organs being viewed for more detailed images.

3.7.2 Ultrasound is routinely used in obstetrics to monitor the development of unborn babies. But it is also a valuable method of diagnostic imaging in the detection of tumours of the breast and ovary and in cardiology to view any abnormalities of the heart and arteries.

3.7.3 The main advantage of ultrasound is that it enables certain structures in the body to be viewed without using radiation. It can also be done much faster than x-rays or other radiographic techniques.

**3.7.4 My survey found 16% of waits for non-obstetric ultrasound scans are 5 months or longer, and 6 months or over in 12% of Trusts.**

### **3.8 Endoscopies**

3.8.1 Used in the diagnostic evaluation of symptoms, such as abdominal pain or rectal bleeding, endoscopies allow doctors to view organs directly and take pictures of any abnormalities. Biopsies, or tissue samples, can also be taken during the procedure for further analysis.

3.8.2 Endoscopies also play a vital role in cancer prevention, as in colonoscopy which allow doctors to find and remove polyps before they become colon cancers.

---

<sup>7</sup> Parliamentary answer to Paul Burstow, 4<sup>th</sup> November 2004, c396-6W, showed that there were 168 NHS Trusts with CT scanners.

**3.8.3 Results from my survey showed 26% of Trusts have waiting lists for all endoscopic investigations of 6 months or longer, with 29% of waits of 6 months or more for examinations of the colon. 10% had waits of 9 months or over for investigations.**

3.9 As the results of my survey clearly indicate, there is a long way to go to reach the Government's waiting time milestones for 2006 and 2007, and their ultimate target of 18 weeks for all treatment including diagnostic testing by 2008.

#### **4. Factors contributing to extended waiting times**

**“Having expensive diagnostic imaging equipment shut off for a substantial part of its working life due to limited investment is a major obstacle in cutting waiting times for diagnostic tests.”**

**“More capital investment would enable the introduction of new technology, which would have a considerable impact on lowering waiting times.”**

**“Demand for CT and ultrasound scans continues to outstrip capacity.”**

- Comments from survey respondents.

##### **4.1 Age of equipment**

4.1.1 According to the Commission for Health Improvement, older scanners do not work efficiently. “This may be due to the... age of machines (older ones work less efficiently)”<sup>8</sup>. According to the Royal College of Radiologists, the maximum recommended age is seven years for all equipment types, except for X-ray and some fluoroscopy which is ten years<sup>9</sup>.

4.1.2 However my survey of NHS Trusts across England has found:

- **26% of Trusts (14) are using MRI scans and 16% (11) are using CT scans acquired before 1997**
- **8 Trusts are using MRI scans acquired over a decade ago**
- **5 Trusts have CT scans dating back to before the mid 90s, including one acquired in 1985**
- **37% of Trusts reported age and availability of equipment as the one of main obstacles to reducing waiting times**
- **7 respondents specifically cited old equipment as a factor behind long waiting times**

4.1.3 These findings tally with the latest figures obtained from the Government, which show that 24% of NHS MRI scanners and 1 in 11 CT scanners are past their best before date.<sup>10</sup> These figures show one hospital with a CT scanner 15 years old - double its best before date.

---

<sup>8</sup> CHI National Service Framework Assessments no.1: NHS Cancer Care In England and Wales

<sup>9</sup> Royal College of Radiologists, *Quality Specification for Purchasers* (Ref. 10) Suggested Replacement Ages of Equipment, Appendix 1.

<sup>10</sup> Parliamentary answer to Paul Burstow, 4<sup>th</sup> November 2004, c396-6W

## 4.2 Usage of equipment

- **65% of MRI units are turning out 5,000 or fewer procedures a year**
- **2 Trusts reported MRI equipment being used for 12 hours a week or less**
- **9% of CT units turn out 5000 or fewer procedures a year whilst 14% turn out over 20,000**
- **14% of Trusts operate CT scanners for an average of 35 hours a week or less**

4.2.1 My survey also found wide variations in the utilisation of specialist equipment across Trusts.

4.2.2 This is in line with the findings of the Audit Commission's report on radiology.<sup>11</sup> As they point out in their report, low utilisation of equipment can cause bottlenecks in the system creating longer waiting times.

4.2.3 This variation in number of examinations carried out can be attributed to the age of the equipment owned by Trusts, together with their ability to recruit and retain qualified staff to operate the machinery. Serious recruitment problems, looked at in more detail in the next chapter, lead directly to the under-usage of vital screening equipment. Without more investment and more staff, attempts to encourage Trusts to carry out more examinations will be frustrated.

## 4.3 Availability of equipment

4.3.1 The Audit Commission's investigation into cancer care in England and Wales in 2002 found that delays in diagnostics and specifically diagnostic radiology was normally caused by lack of equipment. The Commission identified huge disparities in access to high tech equipment between hospitals. They recorded a five fold variation in the ratio of patients to CT or MRI scanners between NHS Trusts.<sup>12</sup>

4.3.2 There has been considerable investment in radiology equipment in the last couple of years, via central allocations and lottery funding to meet objectives outlined in the Government's Cancer Plan. There have also been recent announcements of contracts being awarded to the private sector for the provision of mobile diagnostic equipment, which can be directed to areas of greatest need.<sup>13</sup>

4.3.3 However, the Government was slow to take action and investment has been delayed. As a consequence the results in terms of reduced diagnostic waiting times have yet to be seen.

4.3.4 The Government did not draw up its vision for the NHS until it had been in office for 3 years. The Cancer Plan followed with their commitment to improve cancer treatment and diagnosis but the Government was slow to fulfil the spending commitments they made in this strategy: there was

---

<sup>11</sup> Audit Commission, *Acute Hospital Portfolio: Radiology*, July 2002, pp15.

<sup>12</sup> Audit Commission March, *NHS Cancer Care in England and Wales*, 2002, p5

<sup>13</sup>Department of Health press release:

[http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4079398&chk=riMDo8](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4079398&chk=riMDo8)

a spending shortfall of £81 million in 2001/02 and (projected) £1 million in 2002/03.<sup>14</sup>

- 4.4 A shortage of modern equipment, the subsequent reliance on slow and out of date machinery, and the under usage of equipment in many Trusts due to staffing problems is creating bottlenecks in the system, preventing hospitals from processing their workloads quickly and efficiently.**

## **5. Recruitment and retention of staff**

**“A shortage of manpower, resulting from the national lack of radiologists and experienced radiographers, is the biggest obstacle to reducing waiting times for diagnostic tests.”**

**“This Trust has been carrying radiographer and radiologist vacancies for more than three years.”**

**“I have not managed to recruit via an advert for two and a half years.**

**“Morale is falling throughout the more experienced radiographers. Increased stress to meet activity targets regardless of vacancies is a contributory factor for radiographers to look for a less stressful post.”**

- Comments from survey respondents.

### **5.1 Radiographers**

5.1.1 Radiographers use scanning equipment to produce high quality images in order to diagnose injury or disease. They have undergone a minimum of three years education and training.

5.1.2 My survey found:

- **85% of Trusts reported staffing or recruitment problems as one of the key obstacles to reducing waiting times.**
- **According to this trend, up to 149 radiology departments across the country may be experiencing recruitment difficulties of this kind<sup>15</sup>.**

5.1.3 There has been a 5% increase in diagnostic radiographers since 2000, when the Government launched its Cancer Plan<sup>16</sup> and the number of training places has also increased. Training places for diagnostic radiographers have more than doubled since 1997-98.<sup>17</sup>

---

<sup>14</sup> In 2001/02 the spending commitment was £280 million and actual spending was £199m; 2002/03 – spending commitment £407m, and actual spending was projected to be £406. Department of Health *Investment in Cancer in 2001/02 and 2002/0*, May 2003. The Government has commissioned investment tracking of Cancer spend for 2002/3 however this has yet to be published.

<sup>15</sup> Calculation based on projecting this survey finding across all general acute, specialist and single specialist NHS Trusts in England.

<sup>16</sup> Parliamentary answer to Paul Burstow, 14 Jun 2004: *Column 690W*, see Appendix C, Table 2.

<sup>17</sup> Parliamentary answer to Paul Burstow, 10 June 2004: *Column 554W*, see Appendix C, Table 3.

- 5.1.4 However training up the workforce is a long process, with qualification alone taking three years. Radiography vacancy rates are rising steeply. **The rate of vacancies for diagnostic radiographer positions open for three months or more has increased by a third in five years, reaching a peak in 2003.**<sup>18</sup>
- 5.1.5 The Society and College of Radiographers have attributed shortages in the profession to the poor pay and working conditions for an occupation which requires degree-level training, taking three years to qualify.
- 5.1.6 In addition to recruitment, the Government must also address issues of **retention of skilled and experienced staff**. My survey found:
- **24% of NHS Trusts specifically cited a lack of “skilled” or “experienced” radiographers.**
- 5.1.7 Radiographers have now voted against ‘Agenda for Change’, the new pay deal for the NHS, in two separate ballots. In addition to putting radiographers on a lower starting salary, the chief concern expressed by the Society and College of Radiographers is that the new pay structure will extend their weekly working hours without any commensurate increase in pay.<sup>19</sup>
- 5.1.8 This is of particular concern to the large number of part-time radiographers who are not able to extend their working hours due to outside commitments such as family responsibilities, and therefore face seeing their pay reduced. The 2003 Department of Health workforce survey showed that there were 11,687 headcount but only 9,642 whole time equivalent diagnostic radiographers.<sup>20</sup>
- 5.1.9 According to the Society and College of Radiographers, women represent 85% of the workforce.<sup>21</sup> Along with other heavily female dominated professions such as nursing, flexibility over working hours is of utmost importance to retention of staff. The Government must look again at their package to radiographers in Agenda for Change to properly address the needs of the workforce with regards to flexible and family friendly working practices.
- 5.1.10 Whilst difficulties in radiography recruitment are being experienced nationwide, there is an **acute shortage in London and the South East**. My survey found:
- **3 London hospitals outlined recruitment difficulties caused by the high costs of living in the capital**
  - **6 out of 10 south east NHS Trusts who responded to the survey reported recent radiography recruitment problems – 2 specifically**

---

<sup>18</sup> Parliamentary answer to Paul Burstow, *1 November 2004: Column 146W*, see Appendix C, Table 4.

<sup>19</sup> Agenda for Change proposes to extend the average working week of radiographers from 35 to 37 hours.

<sup>20</sup> According to the Department of Health’s non medical census  
<http://www.publications.doh.gov.uk/public/nonmedicalcensus2003.pdf>

<sup>21</sup> This figure is taken from the Society and College of Radiographers’ membership database, which represents more than 90% of UK radiographers and therefore a good indication of the total workforce.

**cited the high cost of living in the South East and competition with hospitals in the capital which can offer London weighting.**

5.1.11 Analysis of Parliamentary figures reveal a persistent problem in the recruitment of diagnostic radiographers in London. Since the boundaries of health authorities were redrawn in 2001, the overall three-month vacancy rate for London authorities has remained between a third higher to double the national vacancy rate.<sup>22</sup>

## **5.2 Radiologists**

- **39% of respondents to my survey reported difficulties in recruiting radiologists as a key obstacle to reducing waiting times (unprompted).**

5.2.1 **Vacancy rates for NHS consultant radiologists have more than doubled in the past five years.**<sup>23</sup> Again there has been progress in increasing numbers of NHS consultants and the number of training places for junior doctors in this field in recent years<sup>24</sup>. However the Government acted too slowly and it is taking a long time for the benefit to be felt on the hospital wards. Consultant radiologists take a minimum of seven years to train after medical school.

5.2.2 There are particular difficulties in recruiting radiologists in the North East, North West and East Midlands. Trent, Yorkshire, the North East, Cumbria, Lancashire and Greater Manchester have experienced vacancy rates well above the national average for radiologists for several years.<sup>25</sup> In the last year for which figures are available, the radiologist vacancy rates were over twice the national average in County Durham & Tees Valley and Trent SHAs.

## **5.3 Under reporting of vacancies**

5.3.1 Actual vacancy rates for both categories are in fact higher than Government figures indicate. Whereas the Department of Health's figures for 2001 showed a vacancy rate of 4.4% for radiographers and 4.6% for radiologists, the Audit Commission's survey identified a mean vacancy rate for both professions of 10% for the same year. Whilst the Commission's survey includes all vacancies, the Department's survey includes only vacancies of three months or more.

5.3.2 In addition to this, the Audit Commission reported that its survey may have been more likely to identify more posts vacant as it was completed specially by radiology department managers, whilst the Department's survey is collected routinely from the trusts human resources department.<sup>26</sup> These two factors indicate that there is a **significant under reporting of vacancy rates by the Government.**

---

<sup>22</sup> Parliamentary answer to Paul Burstow, *1 November 2004: Column 146W*, see Appendix C, Table 5

<sup>23</sup> According to NHS Workforce Surveys, see Appendix C, Table 6

<sup>24</sup> Parliamentary answer to Paul Burstow *21 Jun 2004: Column 1284W*, see Appendix C, Table 7

<sup>25</sup> Statistics from NHS Workforce Vacancy Surveys 1999-2004, see Appendix C, Table 8

<sup>26</sup> Radiology: Audit Commission July 2002

## 5.4 Sticking plaster solutions

- 5.4.1 The serious recruitment problems discussed in this section have led to the sticking plaster solution of bringing in agency staff to plug the gaps. The Audit Commission calculated the costs of locum and agency staff to the NHS as £18 million in 2000/01 for radiology departments - £6m on radiologists, £8m on radiographers, and £4m on other staff. This accounts for 3.6% of the total radiology pay bill.<sup>27</sup>
- 5.4.2 Responses from my survey indicated that agency work is seen as an inviting prospect to many staff, especially radiographers, as wages are generally higher. Also, issues such as low staff morale resulting from the stress of permanent waiting list problems and working with old creaking equipment on a daily basis can be side-stepped by the options presented by an agency role. One Clinical Manager put it in these terms:
- “The NHS is becoming a training scheme for radiographers. After certification, radiographers leave to enter private practice, commercial companies or agencies that offer better financial rewards.”**
- 5.4.3 **Almost 2 in 5 Trusts have resorted to attempting to recruit radiographers from overseas.**
- 5.4.4 Recruits were primarily from South Africa, other African countries, Australia, New Zealand, Philippines, Hong Kong
- 5.4.5 However, many of the hospitals that have attempted to resolve their recruitment problems in this way have encountered serious obstacles including concerns over staff quality; problems related to non-standard qualifications; and the lure of better wages for overseas recruits from agencies.

## 6. Reporting, monitoring and planning

**“There is a total waste of resources by the Government. I have two ultrasound machines – brand new – worth about £60,000 which have been purchased for peripheral clinics, one of which is not yet built! Both are currently in storage!! And with a 5 year useful life the machines are deteriorating in value.”**

- Comment from survey respondent.

### 6.1 Reporting and collection of data

- 6.1.1 Audit Commission findings suggest that the results of a quarter of radiology examinations are not being reported properly or go unreported altogether<sup>28</sup>. In 1 in 10 radiology departments unreported examinations represent more than one-third of the total.<sup>29</sup>

---

<sup>27</sup> Radiology: Audit Commission July 2002

<sup>28</sup> In some hospitals examination reports are given by staff working outside the radiology departments. This goes against recommended standards set by the Royal College of Radiologists.

<sup>29</sup> Radiology: Audit Commission July 2002, p10.

- 6.1.2 The Audit Commission's radiology report found that referring clinicians rate the quality of reporting by radiology staff as the third most important aspect of a radiology service.<sup>30</sup>
- 6.1.3 As has already been mentioned in this report, there is no central collection of data on diagnostic waiting time in place. However there is a professional consensus that improved data collection in the area of radiology is a vital factor in delivering long term improvements and cutting waiting times, especially within a climate of staff shortages. **A survey of cancer networks conducted earlier this year found that fewer than 10% believe data currently being collected meets all their service development and planning requirements.**<sup>31</sup>
- 6.1.4 Due to the high cost of the equipment used in diagnostic screening, proper planning is essential. This point was picked up in my survey of NHS Trusts; with one clinical director telling of a situation where disastrous Government planning has led to vital scanning equipment is lying unused in storage for months.

The clinical director told me of the

**"...Total waste of resources by the Government. I have two ultrasound machines – brand new – about £60,000 which have been purchased for peripheral clinics – one of which has not yet been built! Both are currently in storage!! And with a 5 year useful life – they are deteriorating in value."**

- 6.1.5 The Audit Commission's report on cancer services also found disturbing cases of money wasted on equipment due to poor planning. They pointed to "disturbing failures in the ability of NHS managers to spend the new money wisely", highlighting cases in which many radiology centres have bought groups of linear accelerators that are not compatible with one another<sup>32</sup>.

## **6.2 Government targets: concerns of the professionals**

- 6.2.1 Under the cancer strategy, once a GP suspects a person has cancer they will refer the patient to the local hospital outpatient clinic for a consultation, with an indication of whether the situation is deemed 'urgent' or 'non urgent'.
- 6.2.2 The Government's target for cancer patients to be seen by a specialist within two weeks refers only to those deemed 'urgent'.
- 6.2.3 While the two-week target for patients referred urgently by GPs to a consultant for cancer is being met almost everywhere<sup>33</sup>, there is little information about progress towards meeting the two-month target from urgent referral to the start of treatment.

---

<sup>30</sup> Radiology: Audit Commission July 2002

<sup>31</sup> Living with Cancer: Waiting for Treatment, a report by CancerBacup, May 2004, p8

<sup>32</sup> NHS Cancer Care in England and Wales, Audit Commission March 2002

<sup>33</sup> 99% of people with suspected cancer referred urgently from their GP are seen by a specialist within 2 weeks.

6.2.4 An unpublished audit conducted last autumn by the Royal College of Radiologists is reported to show that since 1998 the number of people waiting longer than the official safe maximum time for treatment has doubled – from 32% waiting the recommended maximum of 4 weeks in 1998 to 72% in 2003.<sup>34</sup>

6.2.5 An Audit Commission inquiry into cancer services in 2002 found substantial variation in the definitions of “urgent” and “non-urgent” designations given by GPs across different forms of cancer. The Commission reported that research indicates that “**approximately half of all patients subsequently found to have cancer were referred as non urgent**: the disparity is particularly poor for patients with cervical, bladder and prostate cancer.”<sup>35</sup>

6.2.6 Similarly, a report published earlier this year by Breakthrough Breast Cancer found that around **10,000 women eventually diagnosed with breast cancer are initially referred as non-urgent cases by their GP each year**.<sup>36</sup>

6.2.7 The Audit Commission point to a lack of certainty amongst GPs over the appropriate use of “urgent” and non-urgent distinctions, and reports of GPs wilfully undermining the distinctions to get patients diagnosed quicker:

“In our discussions with GPs, some admitted that they had tried to circumvent long waits by giving all patients an urgent designation or said they knew others who did so. Equally, some consultants felt they were filling up clinics with people whose diagnosis was not urgent ..., and other argued that GPs were too hesitant, delaying attention to patients later found to have cancer.”<sup>37</sup>

6.2.8 Furthermore, there is concern amongst health professionals that **prioritisation of cancer treatment is having a negative impact on the diagnosis of other conditions**.<sup>38</sup>

## 7. Conclusions

7.1 Early detection of heart conditions, brain tumours and cancers is being delayed because of a lack of modern equipment. Slow, aging equipment is a major barrier to the efficient running of many imaging departments across the country – slowing down the number of procedures being carried out, and increasing waiting times.

7.2 There is a national shortage of NHS radiographers and radiologists, with significant radiography black spots in London and the South East,

---

<sup>34</sup> The study was reported in The Scotsman on May 26 2004 – as the most comprehensive survey of its kind to date, drawing upon 2,500 complete sets of case notes.

<sup>35</sup> Spurgeon P & Barwell F. Cancer waiting times audit: Final Report. HSMC, University of Birmingham 1999. NHS Cancer Care in England and Wales, Audit Commission March 2002, point 2.4

<sup>36</sup> Left in the Dark, Breakthrough Breast Cancer, March 2004

<sup>37</sup> NHS Cancer Care in England and Wales, Audit Commission March 2002, point 2.27

<sup>38</sup> Cancer Services Collaborative. Report of the third learning workshop. Leicester: National Patients' Access Team, 2000, and Jones R, Rubin G & Hungin P. Is the two-week rule for cancer referrals working? BMJ. 2001; 322: 1555-56, NHS Cancer Care in England and Wales, Audit Commission March 2002, point 2.27

and severe shortages of consultant radiologists in the North and Midlands.

- 7.3 Increasing stress levels and shortcomings in family friendly work practices in radiology departments are forcing some permanent staff to abandon the NHS and seek better pay and conditions offered by private and agency employers.
- 7.4 The Government target on “urgent” referrals is creating a two-tier system and putting patients lives at risk.
- 7.5 Adequate workforce and capital equipment planning is being inhibited by the absence of standard, centrally collected data on waiting times for diagnostic procedures. Ultimately, this lack of reliable data is impeding the delivery of long-term improvements in patient care in diagnostics.

## **8. Recommendations**

- 8.1 The Government must take immediate action to centrally collect and publish data from NHS Trusts on waiting times for diagnostic procedures. The Government must not put this off any longer: why should we wait until after the next General Election? What have we got to wait for? **This data should be available from 1st April 2005 to assist Trusts with service development and workforce planning.**
- 8.2 The Government should review the impact of Agenda for Change on the ability of the NHS to retain skilled and experienced radiographers. It should properly address how it can best **deliver family friendly work practices for this largely female workforce.**
- 8.3 The Government must let go of its target driven culture which is harming patients and preventing frontline staff from prioritising patients according to their individual needs. It must look again at the implementation of the distinction between urgent and non-urgent cases, and the effect this is having on patients’ outcomes.

## Appendix A: Methodology

The survey questioned 158 NHS Trusts and received responses from 73 - a response rate of 46%.

Waiting times in this report refer to the length of time patients have to wait for routine referrals, unless stated otherwise. This is the period between the GP's referral and the diagnostic examination.

Interpretation of the survey findings has been carried out on a question by question basis. Therefore percentage findings have been calculated out of the number of respondents to each particular question, and not out of the total number of respondents to the survey.

## Appendix B: Survey results

### 1. Waiting times: routine investigations

#### a) Radiology

No of Weeks	CT	Mammo graphy	MRI	Nuclear medicine	Obstetric ultrasound	Non-obstetric ultrasound	Plain film x-ray	Fluoro scopy	IVU
0-4	11	24	3	12	18	2	59	15	23
4-8	20	5	9	12	4	13	3	13	20
8-12	9	1	3	7	2	11	1	8	14
12-16	6	1	12		2	8	1	5	
16-20	5		6		1	2		1	
20-24	5	1	4	3	1	2		1	
24-28	1		6			1			
28-32	1		5	1		2			1
32-36	3		2	1				1	
36-40	1								
40-44	1		3			1			
44-48			1						
48-52	2		2						
52-56			3						
Up to 77			1			1			
Up to 82			1						

#### b) Endoscopy

No of Weeks	Endoscopies, all	Gastro-intestinal	Colonoscopy	Lower bowel
0-4		1		1
4-8	3	10	1	5
8-12	9	9	11	12
12-16	5	6	10	6
16-20	3	7	4	4
20-24	3	3	3	
24-28	4	3	4	3
28-32		1	1	2
32-36	1	1	1	1
36-40	2	2	3	2
40-44			1	1
44-48			1	1
Up to 85	1			
Up to 142	1			

## 2. Age of equipment

### a) Per machine

Year acquired	CT scanners	MRI scanners
1985	1	-
1990	1	-
1991	1	-
1992	1	-
1993	-	1
1994	1	7
1995	2	3
1996	7	3
1997	6	2
1998	11	6
1999	7	6
2000	11	7
2001	17	13
2002	22	12
2003	15	10
2004	9	7
<b>Total</b>	<b>112</b>	<b>77</b>

14 cts past best before date

### b) Trusts with scanners past best before dates

Oldest pieces of equipment	CT scanners	MRI scanners
1985	1	-
1990	1	-
1991	1	-
1992	1	-
1993	-	1
1994	1	7
1995	1	3
1996	5	3
1997	6	2
1998	9	3
1999	6	5
2000	7	7
2001	12	9
2002	10	5
2003	5	7
2004	1	2
<b>Total</b>	<b>67</b>	<b>54</b>

### 3. Key obstacles to waiting times

62 out of the 73 respondents provided information about the key factors contribution to delays in diagnostics.

Problem	Reported by Trusts (Number)	% of respondents
Recruitment (overall)	53	85
Radiologist shortages	24	39
Radiographer shortages	15	24
Cost of living (SE/ London)	5	8
Funding (general)	21	34
Equipment (general)	23	37
Old equipment	7	11

Barnet & Chase; Ox Rad: Hereford; Royal Marsden (Chelsea site); Bromley

### Appendix C: Parliamentary research

#### 1. Number of diagnostic tests for MRI and CT scans

Total number of imaging and radiodiagnostic examinations or tests, CT and MRI, England, 1995-96 to 2002-03	CT	MRI
1997-98	1,172,656	473,074
1998-99	1,254,474	522,138
1999-00	1,359,852	585,797
2000-01	1,488,752	632,594
2001-02	1,625,304	705,706
2002-03	1,767,791	786,646
<b>% increase 1997-98 to 2002-03</b>	<b>51%</b>	<b>66%</b>

Parliamentary answer to Paul Burstow MP, 25 May 2004: *Column 1596-7W*  
(Source: Department of Health form KH12)

#### 2. Diagnostic radiographer numbers whole-time equivalent, England

1997	1998	1999	2000	2001	2002	2003
8,626	8,860	9,009	9,169	9,264	9,489	9,642

Whole-time equivalent as at September for each year

Taken from Parliamentary answer to Paul Burstow, 14 Jun 2004: *Column 690W*

#### 3. Number of radiographer training commissions

Radiography training commissions	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03
Radiography	593	582	646	685	761	948	1,227
<i>Of which:</i>							
Diagnostic	452	447	507	541	597	730	942
Therapeutic	141	135	139	144	164	218	285

Source: Department of Health quarterly monitoring returns.

Parliamentary answer to Paul Burstow, 10 June 2004: *Column 554W*

#### 4. Three month vacancy rate: radiographers

Year	Diagnostic		Therapeutic		Overall	
	Rate	Number	Rate	Number	Rate	Number
2004	4.8	488	8.8	144	6.8	632
2003	6.1	599	10.7	169	8.4	768
2002	5.5	531	8.8	134	7.15	665
2001	4.4	420	8	114	6.2	534
2000	3.6	332	7.1	103	5.35	435
1999	-	-	-	-	1.3%	131

Vacancies shown for March of each year.

From Parliamentary answer to Paul Burstow MP, 1 November 2004: Column 146W

#### 5. Diagnostic radiographer vacancies - London and south east

Area	2004	2003	2002
North West London SHA	9.5	7.6	8.7
North Central London SHA	12.6	12.4	14.7
North East London SHA	14.3	2.0	7.9
South East London SHA	9.0	17.8	6.6
South West London SHA	5.1	6.6	13.2
<b>Overall London rate</b>	<b>10.1</b>	<b>9.28</b>	<b>10.2</b>
Kent & Medway SHA	7.4	6.4	7.0
Surrey & Sussex	9.7	11.2	11.9
<b>England</b>	<b>4.8</b>	<b>6.1</b>	<b>5.5</b>

From Parliamentary answer to Paul Burstow MP, 1 November 2004: Column 146W

#### 6. Three month vacancy rate for consultant speciality: radiology group 1999-2004

1999	2000	2001	2002	2003	2004
3.1	4.8	4.6	8	7.6	7.5

Statistics from NHS Workforce Vacancy Surveys 1999-2004  
<http://www.publications.doh.gov.uk/public/vacancysurvey.htm>

#### 7. Medical staff within the clinical radiology speciality by grade, England.

Headcount	All staff	Consultant	Non-consultant career grade	Doctors in training	Hospital practitioner/clinical assistant	Other community health service staff
1997	2,014	1,442	12	521	39	—
1998	2,075	1,481	15	541	38	—
1999	2,164	1,507	21	605	31	—
2000	2,303	1,585	28	655	35	—
2001	2,454	1,645	33	743	32	1
2002	2,538	1,702	29	774	32	1
2003	2,693	1,810	38	818	27	—
2004	—	1,859	—	—	—	—

Whole-time equivalents	All staff	Consultant	Non-consultant career grade	Doctors in training	Hospital practitioner/clinical assistant	Other community health service staff
1997	1,895	1,364	8	507	16	—
1998	1,935	1,387	11	524	13	—
1999	2,028	1,414	16	587	10	—
2000	2,134	1,460	21	639	13	—
2001	2,256	1,492	22	729	11	1
2002	2,371	1,582	22	754	11	1
2003	2,505	1,669	28	799	9	—
2004	—	—	—	—	—	—

Figures for 30 September each year\*

Source: Department of Health medical and dental workforce census\*\*

From Parliamentary answer to Paul Burstow MP, 21 June 2004 : Column 1284W

\* 2004 data is from from the Department of Health's Consultants by specialist, only headcount consultant figures available to date.

\*\* figures from 30 June 2004

<http://www.publications.doh.gov.uk/public/consultantsbyspecialtyjun2004.xls>

## 8. Consultant radiologist vacancies: top ten worst affected SHAs

2004			2003		
	Top ten vacancy rates / SHA	Rate		Top ten vacancy rates / SHA	Rate
1	West Yorkshire SHA	14.9%	1	County Durham and Tees Valley	16.6%
2	Cheshire & Merseyside SHA	14.6%	2	Trent SHA	15.8%
3	South East London SHA	13.9%	3	Kent and Medway SHA	15.4%
4	Greater Manchester SHA	13.1%	4	Cumbria and Lancashire SHA	14.9%
5	Trent SHA	12.4%	5	West Yorkshire SHA	13.6%
6	Shropshire & Staffordshire	11.5%	6	Greater Manchester SHA	11.6%
7	County Durham & Tees Valley	11.1%	7	North East London SHA	9.1%
8	Cumbria & Lancashire SHA	10.8%	8	Cheshire & Merseyside SHA	8.9%
9	Essex SHA	10.2%	9	Thames Valley SHA	8.6%
10	North West London SHA	9.3%	10	Norfolk, Suffolk and Cambs SHA	8.3%
	<b>England</b>	7.5%		<b>England</b>	7.6%

Statistics from NHS Workforce Vacancy Surveys 2003-04

<http://www.publications.doh.gov.uk/public/vacancysurvey.htm>

## 9. Consultant radiologist vacancies: problem areas 1999-2002

Year	England	Northern & Yorkshire	Trent	North West
2002	8.00%	12.10%	14%	10.70%
2001	4.60%	5.60%	8.90%	6.30%
2000	4.80%	4.50%	7.40%	5.40%
1999	3.10%	2.00%	5.10%	2.70%

Statistics from NHS Workforce Vacancy Surveys 1999-2002

<http://www.publications.doh.gov.uk/public/vacancysurvey.htm>